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MEDICAL VISITOR

BY

TEMPLE S. HOYNE, A. M., M. D.,

CHICAGO, ILL.

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The Medical Visitor

A MEDICAL NEWSPAPER.

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DIPHTHERIA AND ANTITOXINE.*

In order to get at the views of physicians on this subject a few postal cards, reading as follows, were sent out:

CHICAGO, November 25, 1894

My dear doctor: Please send me, *at once,* for the next number of THE MEDICAL VISITOR, a *brief* report of a case of diphtheria treated homœopathically; also *brief* opinion of Antitoxine. *Attend to it now!* Yours very truly,

T. S. HOYNE.

In response to this card more than one-half responded, and the cases and opinions are appended. The cases may not be reported as fully as the profession would like, but the card asked for brief reports. Had a thousand cards been mailed, there is no question that five or six hundred answers would have been received.

The object is to show that homœopathy is as successful in this dread disease as in other affections, and that the school has no use for Antitoxine. As diphtheria is now prevailing in a great many places, our readers will pardon us for devoting so much space to this subject.

CASE NO. 1.—BY DR. A. L. FISHER, ELKHART, IND.

Wm. ——, a strong young man of eighteen, generally in excellent health, was taken ill with poorly-defined, all over bad feelings, in which bone pains or dull aching predominated. Within a few hours fever and sore throat developed, and after twenty-four hours from onset of attack I found him with the following symptoms: upper frontal, throbbing headache; face

*Hahnemannian Monthly, please copy.

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.; throat sore, worse on left side where it began, but for a few urs soreness is increasing on right side; dirty gray deposit vering half of left tonsil; swallowing is painful, and suffering about the same from solids, liquids, or empty deglutition; ɔath very foul; limbs and back ache, which compels frequent ange of position as under Rhus tox; external neck over-sensi-ve to pressure; has unfastened the upper button of night-shirt : this account. Very weak; prostration out of proportion to ıgth of sickness or severity of other symptoms; temperature 1°. Gave Lachesis 200 in solution every two hours. Thirty ıurs later finds him no better except that general aching is me better. Did not sleep much the last night. Left tonsil ɐan and red, the right one covered with *pearly white* spots, ɐraging one-eighth of an inch in diameter, now discrete but pidly coalescing. Neck still sensitive to touch; urine scanty ıd of very high color. Lac. caninum. 1m, one dose in watery ɔlution and placebo every two hours.

This was at 4 o'clock p. m. Next day at 10 a. m. found hroat clean, breath sweet; wants to sit up but is too weak. Appetite returning and but little pain on swallowing; temperature 99°. Convalescence was rapid and complete.

Lachesis has never benefited diphtheria, in my hands, when the membrane was of a pearly white appearance, while Lac. can. always does. The two remedies are similar otherwise.

Antitoxine? Opinion?

Well, doctor, briefly stated, it will follow in the track of lamb's nuts, Koch's lymph *et id genus omne.* It is a clumsy attempt at Isopathy though the promulgators don't know it. Perhaps—doubtless—it will cure some cases of diphtheria, so will Diphtherinum, and if I am to be the patient and allowed to choose the form of administration will take the latter.

CASE NO. 2.—BY L. F. SCHUSSLER, M.D., PH.D., ALTON, ILL.

Blanche D., age 15, brunette; nervous, irritable in disposition, was taken with headache, backache, lassitude, sore throat. I found temperature 103°, a dead white membrane covering the right tonsil, saliva stringy, ropy, little thirst, all symptoms worse after sleeping. This was at 4 p. m. Prescribed Lachisis 1m, in water, to be given every two hours. Next morning tempera-

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ture was reduced to 99.4°; membrane extended; fetid breath; Kali. phos. 200 in water, every two hours. In evening temperature was 98.8°. Fetid odor of breath much diminished; Sac. lac. In morning temperature was normal. Sac. lac. was continued two days when there was an aggravation of all symptoms. Lachesis 1m was given twenty-four hours with excellent results. No further medicine was given, the patient making a good recovery with no sequlæ.

In regard to "Antitoxine,"—I have not tried it, nor do I expect to do so. I do not believe there is a specific for any disease. It is not enough to make a diagnosis and prescribe for the name. Each case must receive the treatment its individual characteristics require. Vaccination is a splendid *example* of homœopathy. It is like curing like, not same curing same. Pasteur has never cured a case of hydrophobia with his "potentized" virus. It is a staggering approach to homœopathy, but it is still same curing same. My wonder is that a man of Pasteur's grasp of intellect should be satisfied with such a conclusion. He is as far from truth as earth is from the north star.

Several years ago Dr. W. J. Hawkes of Chicago cured a well authenticated case of hydrophobia with Belladonna. That was in accordance with the law of homœopathy. But homœopathy is not isopathy. Pasteur's method is on the principle of isopathy. So, probably, is that of Koch. "Antitoxine" certainly is nothing more. It can never do more than aggravate a case. As well pepper with bird shot the dog which has received a well directed rifle ball. It will go as far toward relieving the effect of the first wound as "Antitoxine" toward the benefit of a case of diphtheria.

I have seen many cases of diphtheria yield to the appropriate remedy, but I have never seen any remedy that would cover enough cases to be a specific. There is no specific for any disease.

CASE NO. 2.—BY O. W. CARLSON, M.D., MILWAUKEE.

I have never treated diphtheria any other way than homœopathically, but fortunately I do not see a case very often, and when I do, I generally turn them over to the undertaker. This refers to what I call malignant diphtheria—the thousand and

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one cases of badly ulcerated throats—follicular pharyngitis, putrid sore throats, etc., etc., that most physicians call diphtheria and placard the house for, can be cured so easily with the homœopathic remedy, and I dare say they will also be cured with the antitoxine—many of them—for many of them will get well in spite of the doctor. But it is no wonder that the old school physician should be on the lookout for some panacea, something to save the wholesale slaughter they make in this field, for most of these cases die on their hands, not from the condition *per se*, but because they fan into a terrible conflagration that which was only a smouldering pile, and would have extinguished itself, by potash gargles, burning with acid, and even the actual cautery. I have not put out a diphtheritic card in five years, and have had no death from that disease in that time. In witness whereof I refer to the books of the health department, where our work *must* be recorded; and if any one thinks I have not seen any cases of sore throat during that time, let him come and ride with me for a week. Cyanide of Merc., Kali. Bich., Gelsemium and Merc Bin., have been mostly my remedies, together with alcohol gargles and spray with Pr. Oxide Hydrogen.

The Antitoxine—like the Blue Glass, De Clat Phœnic Acid, Koch's Lymph, Brown-Sequard Elixir, and many other medical cyclones that have come and gone and left a waste of "raw material" behind—will have its day. Years from now, I predict, it, too, will be among the archives of medical lore. I well remember the craze that took N. F. Cooke from his feet and landed him on the breakers among the wrecks that had been stranded in previous storms.

I didn't intend to write ten words when I started, because I don't know anything about the thing.

CASE NO. 4.—BY T. G. ROBERTS, M.D., CHICAGO, LECTURER ON PHYSICAL DIAGNOSIS, HERING MEDICAL COLLEGE.

The following case presents nothing strange or remarkable to the Hahnemannian, however much the low-potency alternator may be inclined to call in question the efficacy of the treatment.

Miss G., fifteen years of age, was taken with diphtheria, beginning on the left side. The throat was very sensitive to external pressure, and, in general, the subjective symptoms

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were much more severe than the objective. The breath was so fetid that it was very unpleasant to be in the same room with her. There was much hawking and spitting, which did not materially relieve the distress in the throat. She was worse after waking from sleep. The urine was dark, scanty, and strong-smelling. The deposit in the throat spread rapidly from left to right, and, in many ways, the patient gave evidence of being very sick.

I had almost no hope of her recovery under ordinary treatment, so I determined to discard all topical application and trust to pure homœopathy. I had been experimenting with high potencies, and was beginning to get out of the darkness of mongrelism into the light of the true science of therapeutics. With considerable trepidation, I gave this patient one dose of Lachesis, 50m., and anxiously watched the results. Of course I gave the necessary placebo.

The next morning I had the satisfaction of finding her better. The throat was not so sensitive internally or externally; swallowing was not so painful, and she was not aggravated by sleep.

After two days steady improvement, she did not seem quite so well, and the symptoms still pointing to Lachesis, I gave one dose of the cm. She made a satisfactory recovery without more medicine, and no sequel of the disease was left behind. I have since found that one dose of the similimum in the cm. potency is usually sufficient to cure a case. Local treatment is worse than useless.

I am sorry that physicians claiming to be homœopathists should follow the craze after Antitoxine. In my opinion, Antitoxine will soon be placed on the same loaded shelf that now holds Koch's Lymph, Bergeon's sulphuretted hydrogen gas-bag, Brown-Sequard's Elixir, etc., etc.

Antitoxine will have its run, and then be thrown aside by mongrels and allopaths for some other vaunted specific. Many who praise it now will curse it next year. If the fundamental principles of homœopathy be true, Antitoxine must prove a failure.

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CASE NO. 5.—BY S. MILLS FOWLER, M.D., CHICAGO, PROFESSOR OF CLINICAL MEDICINE, HERING MEDICAL COLLEGE.

I report the following case, which, by the way, is the only case of the disease which I have seen for ten or more years.

Marcelle K.; boy of two years; light complexion and hair with dark eyes; has always been healthy, fat and well; "never sick a day in his life."

I was called about 8 A. M. March 21, 1894. He had been sick for some days with "sore throat and fever." He lay in a sort of stupor, rather difficult to rouse, face dark red, having a bluish hue, swollen at the neck and under the jaws, showing that the cervical glands were much involved. The pulse was small, quick, weak, about 150 per minute, and the skin hot and clammy. His eyes were nearly closed, and the head thrown well back and mouth open with a watery saliva flowing out over the pillow. A thin excoriating discharge from the nose which was irritating, had made the upper lip around the nasal openings quite raw. His breathing was labored and wheezing, with a sort of rattling in the throat, showing that the tissues were so infiltrated that it was difficult to get air through the laryngio-pharyngeal opening. The tonsils were immensely swollen, as were all of the tissues about the base of the tongue and down into the pharynx as far as it was possible to see. The face and extremities showed a marked degree of cyanosis. The mucous lining of the throat was of a dark purplish red color, and nearly covered with a grayish white membrane. The breath had the characteristic odor of the disease. The membrane as well as the swelling was worst on the left side, and I learned that the disease began on the left side and spread to the right. He would not tolerate anything around the neck, and when they applied a compress or anything to the throat, he would fret and worry till it was removed. He was in a sort of dozing slumber much of the time, and if he slept for a few minutes he would seem to be worse after it; or he would sleep and the breathing would become more and more labored till it seemed that he could breathe no longer, then he would rouse up with a start and jump and be worse for some minutes.

Now, a tyro in homœopathic prescribing should be able to select the remedy for these symptoms. They are so characteris-

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tic of the remedy that it seems almost as if they had been copied from the characteristics in the Materia Medica.

Lach. cm. was given, one dose, and watched for an hour. At the end of this time it was thought that there was some modification of the symptoms, but just exactly what it was it would be difficult to tell.

Another dose of the same was left to be given if the conditions seemed to demand it, and the conditions which would require its repetition were explained.

At 8 P. M. the case was seen again; the second dose had been given for good reasons and with good effect. Although there had been a tendency to relapse during the day, for which the second dose had been given, yet the patient was no worse than in the morning, which, in view of the natural tendency of the disease to aggravation towards evening, was regarded as a favorable indication. The false membrane in the throat did not seem so thick, and the color of the lining mucous membrane of a brighter hue. The breathing and the pulse was about the same as in the morning, and the perspiration was more abundant and not so clammy.

Lach. mm. was left to be given if needed.

March 22, 9:30 A. M. During the night there had been a relapse tendency, and the Lach. mm. had been given with good results. This morning there seemed to be some improvement in some respects, but the outlook on the whole was bad. The face was of a dusky red color that I have learned to look upon with apprehension in any sickness. There was a puffy besotted look that was not encouraging to say the least. It now seemed that the Lach. had done all that it could, for, in spite of it, there was that tendency to fatal relapse; yet there were no indications for any other remedy. Sul. and Psor. and other anti-psorics were thought of, but there had been no history of psora or other miasms, and nothing on which to base a prescription other than the one already employed. In this extremity we selected and gave a nosode, viz., Diphth. cmm. (Swan), one dose dry.

March 22, 8 P. M. Pulse 130, and a marked improvement in every respect.

March 23, A. M. Improving nicely. Pulse 130, regular, and the false membrane nearly all gone from the throat. A thick,

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yellowish mucous has taken the place of the excoriating watery discharges from the nose, etc.

9 P. M. Pulse 120. and a decided improvement in every way.

March 24, A. M. Patient discharged as convalescent, and finally made a perfect recovery.

Regarding Antitoxine, I know nothing of it either practically or theoretically. As homœopathists we can only condemn its use as unscientific and unskillful till it has been proven as have our other remedies, and then it can be used upon its indications scientifically, skillfully and effectually.

From what I have heard of it, I judge that it is of the germicidal or antiseptic class of drugs according to "Old School Medicine," and as such, the most that we can expect from its use is the "*covering up*" of the natural symptoms of disease, which are so necessary to the homœopathist in guiding him to the selection of his remedies, and as such must be an obstacle in the way of the proper treatment of the sick. Such being the case, a physician who will use it is not a homœopathist, and a journal which will advocate its use is an enemy to Homœopathy.

CASE NO. 6.—BY T. S. HOYNE, M.D., CHICAGO, PROFESSOR PRINCIPLES AND PRACTICE, ETC., HERING MEDICAL COLLEGE.

November 10, 1894, called to see girl aged 7 years, who was taken two days previously (November 8) with chill, followed by fever and vomiting. Domestic remedies had been given. Found her with high fever (temperature 103°, pulse 120), chloroform breath, slight pain on deglutition, extreme redness of fauces, but saw no deposit. Had delirium on awakening from sleep. Bell. 200.

November 11, 9 A. M., posterior portion of left side of throat covered with a diphtheritic deposit extending downward as far as I could see. Lach. 200. 3 P. M., no improvement; temperature 103.5°, pulse 160, constant and active delirium, talking incessantly. Stram. 200. 10 P. M. fetor of the breath so disgusting that the parents could hardly stand it without vomiting, the whole room was filled with it. Child very restless, tossing about the bed from side to side; constant delirium, but not of the talkative kind. Temperature 105°, pulse too rapid to be counted. Rhus 200.

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November 12. Improvement decided, and from this on to complete recovery no other medicine was given. November 20, patient discharged well, and has remained so to date (December 15). An adult in the house contracted the disease from the child, but recovered in a week.

CASE NO. 7.—BY MARVIN A. CUSTIS, WASHINGTON, D. C.

Was called on Tuesday evening to see Mrs. F., whom I found had had several slight chills during the afternoon, with general pains, etc. She now had a temperature of 102°; the pulse was hard and tense; tongue slightly coated down the center; pains in the back and head. The throat was moderately congested, with slight enlargement and tenderness of the cervical glands. The dry lips she was constantly licking with her tongue; she had great thirst for large quantities of water; nausea when attempting to move; very irritable; desired to remain quiet. Prescribed Bryonia 30, in water, teaspoonful every hour.

Next morning I found the general symptoms greatly improved. Upon inspection, I found upon the left tonsil a patch of white membrane about one-fourth inch in diameter, looking about one-sixteenth inch thick; the surrounding parts were dark red. The temperature was still 102°. There was stiffness of the jaws; pain when swallowing, extending to the ears, particularly upon empty swallowing; sensitiveness of the throat; did not wish anything to touch it; was constantly pulling away the clothes; bad odor from the mouth.

The case was diagnosed as one of diphtheria, and the general rules of isolation carried into effect.

The throat was gargled with warm water only, not even with diluted alcohol. Prescription, Lachesis 30, which she continued to receive until convalescent.

The improvement was marked from the first dose of medicine, and without complications or sequelæ, the patient was convalescent by the end of the fifth day.

I think I can justly claim that the mildness of this attack was due to Homœopathy.

My opinion of Antitoxine? Having had no personal experience, my knowledge being based upon theories of others, I therefore have no opinion worthy of expressing.

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CASE NO. 8.—BY C. H. COGSWELL, M.D., CEDAR RAPIDS, IOWA. PROFESSOR UNIVERSITY OF IOWA.

I have not treated a case of diphtheria for a year. Those that I have treated for the last ten years have been treated with Bapt. 2x, Nitric Acid 200, and Mercurius V 200, with a gargle of alcohol and water, or a spray of the same in some cases. I have no use for gargles or washes other than alcohol. I have no practical experience with Antitoxine, but think it will soon pass like the rest of the fads.

CASE NO. 9.—BY G. H. WRIGHT, M.D., FOREST GLEN, MD.

Diphtheria case, Margie H., age 12; nervous temperament. January 26, 1894. Severe chill, great muscular prostration. membrane of pharynx red; no sign of patch; complains of soreness on left tonsil; odor from mouth fœtid; temperature 102°, pulse 134. Lach. m, one dose.

January 27, 9 A. M. Diphtheritic membrane over left tonsil, muscular soreness, headache, frontal, does not wish to be moved, much thirst. Temperature 101.2°, pulse 124. Bry. cc, one dose. 7 P. M. Temperature and pulse same. Membrane involves right tonsil. L. cc, one dose.

January 28, 9 A. M. Nostrils completely closed as though plugged. Temperature 99.2°, pulse 108. Kali Bich. cc, one dose. 7 P. M.—About same. Temperature 100.2°, pulse 108. Sac. Lac.

January 29, 9 A. M. Membrane covers both tonsils and pharynx, extending up the posterior nares; neck greatly swollen. Temperature 99°, pulse 110. Kali Bich. cc, one dose.

January 29, 7 P. M. Face flushed, delirious, can't bear noise or light; great nervous excitement. Bell. cc, one dose. Temperature 101.2°, pulse 120.

January 30, 6 A. M. Great prostration. Fœtor from mouth perceptible all over room Neck greatly swollen, very sensitive to touch. Temperature and pulse same. Pulse very feeble. Lach. m, one dose.

11 A. M. Decided typhoid symptoms, stupor, dry tongue, red tip. Rhur tox, 40m, one dose. Temperature and pulse same.

7 P. M. General symptoms better. Heart stronger. Temperature 101°, pulse 110. Sac. Lac.

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January 31, 9 A. M. Throat symptoms about same. General symptoms better. Temperature 100°, pulse 102. Sac. Lac.

January 31, 7 P. M. Temperature 99°, pulse 108. Bell. symptoms; one dose of 200.

February 1, 9 A. M. Membrane peeling off throat. Thin discharge from nostrils, nose still closed. Temperature 99°, pulse 100. Kali. Bich. 50m, one dose.

7 P. M. Membrane in pearly spots over tonsils. Lach. Can. cc,, one dose. Temperature and pulse same.

February 2. Continued improvement in all symptoms. Sac. Lac.

February 3. Nose discharging yellowish pus profusely. Kali. Bi. cc., one dose.

February 4 to 9. Gradual convalescence. Sac. Lac.

Used no throat washes, no stimulants, nor disinfectants in room. Recovery perfect, no sequelæ. Health today better than ever before.

Have no knowledge of Antitoxine, except from reports I have read. Do not as yet feel any enthusiasm over it.

CASE NO. 10.—BY G. J. WAGGONER, M.D., LARNED, KAN.

What do I think of Antitoxine? You, Mr. Editor, have expressed my thoughts of the "great diphtheria remedy" in a few brief lines in the last (December No.) of THE MEDICAL VISITOR better than I can in as many pages. A glance at the medical literature of the day shows the frantic efforts of the scientific schools to grasp something that will control diseases *per se*. We have the oxygen craze for the cure of consumption, the culture hydrophobin, Koch's Lymph, Brown-Sequard's Elixir, Antitoxine, and last of all Behring's (of Berlin) Serum, a preventive and cure of typhoid fever. The most of these are already exploded and discredited, for the simple reason that they are chimerical and rest upon a delusive hypothesis. The worst feature of all this is, that men and journals of our school are absurd enough to follow such fads. Such is deductive philosophy, always delusive, however relished by the philosophers. Let us turn for a moment to a more pleasing theme, the inductive philosophy of Hahnemann. Here we find not only that which satisfies the longing for truth, but which meets every requirement in the field of practice.

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In my youth I had for preceptor the ablest man in the profession in this country, or in the world, after Hahnemann, Dr. Constantine Hering. And to show how little like many others I profited by his instruction, I will cite a case or two.

In November, 1875, was called to a case of what my predecessor called croupal diphtheria. A boy of six or seven years had been under the care of Dr. Tenyke of Paris, Ill., for a week. The doctor said he could not recover, and left him. I, no better qualified, took charge, depending upon Bich. of Potas. He steadily grew worse and died in another week. In the meantime another child, a girl of four or five years, was taken sick in like manner, and, remembering a similar case that I had treated with Prot. Iod. of Merc., I gave it in appreciable doses, and for a wonder the child recovered. I am convinced since then that the boy should have been saved. Since that time I have not lost a case of diphtheria, and have come to regard it as no more terrible than measles or chicken-pox. One case in point: Mrs. C. G., aet. 28, was taken very sick at night with pain in neck and throat. It was discovered on waking. Was called in the morning and found a typical case of diphtheria. It had commenced on left side, that tonsil being covered with plastic lymph and rapidly extending to right. The neck was so tender she could not bear to have it touched and the mouth emitted a putrid odor. She was always worse on waking from sleep, so much so that she feared to go to sleep. I gave her one dose of Lach. cm., and in the evening found all the symptoms aggravated. This was a remedy I had recently had from the pharmacy, and did not feel quite secure with it, so in the evening gave a dose of the 2c, an old standby that had taken me through many campaigns This, with Sac. Alb., gave almost instant relief, and perfect recovery followed. Hundreds of cases of like interest could be cited, but this must suffice.

The fact that I wish to emphasize is, that we do not need Antitoxine.

CASE NO. 11.—BY DR. JOSEPH LEWIS, JR., MILWAUKEE.

I cannot say that I have had as flattering experience with diphtheria as some homœopathic and allopathic physicians who claim to lose no cases, I having had as high as six deaths in a single week during the prevalence of an epidemic. Still, I have

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never seen anything to make me doubt that homœopathic medication in these cases was at least as good, and, in many cases better, than the whisky and antiseptics of my allopathic friends. If I had a particularly bright little patient, when it was very desirable that he should live, for all concerned, then it seemed to me that he was very apt to go. On the other hand, if it was a child that might well be spared, he would pull through some how.

Of this latter variety I may cite one. A boy, age 7, in family that were always quarreling, etc. Throat bright red, swollen, pain on swallowing, slight exudation, high fever. Bell. Next day not so much pain on swallowing, but exudate had spread over the tonsil and commenced on soft palate; fetor oris marked; added Mer. Bi. 3x dil. Next day much same; exudation spreading. Next day, hoarse cough and harsh breathing, with the breath strong enough to drive one out of the room; thin discharge from the nose; changed to Kali Bich. 3x, and Lach. 12 (both in water), in hourly alternation. I thought the next morning the patient was at least no worse, possibly a trifle better; continued gradually to improve as regards cough, breathing and fetor oris, but pulse became irregular, omitting beats, and Dig. 3x was administered which seemed to restore it to the normal condition. A few days later nephritis, dropsy, set in. (I had no reason to suppose the case complicated with scarlet fever, as nearly the whole family had diphtheritic throats, but none showed any signs of eruption). Helleb. Nig. 3x, and Ars. 4x, were given continuously for a week or more, under which the nephritis disappeared. Subsequently, this child developed well marked paralysis, inability to swallow or walk, but it passed off slowly. He received for this latter complication Bell. 3x, and subsequently Gels. 3x. In this case, considering the fearful stench, the laryngeal symptoms, weak heart, etc., I had little hopes of him, but he recovered in spite of my fears.

Cases 2 and 3 of another sort: Boy, age 5, and girl, age 2—only children; of the bluish white transparent skin variety; were taken almost simultaneously with slight sore throat; thin, whitish membrane, which spread very rapidly, the boy dying in four, the girl in three days. Bell., Merc.-Cyan., Chin., Ars., were given, but with absolutely no effect.

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I have seen croupy symptoms clear up while taking Spong. Kali. Bich. Bleeding nose, Nit. Ac.

One case that seemed most hopeless, greatly swollen neck on left side, *continual tossing about bed.* Bell. 3x, Mer.-Bi., Chinars had been given, but after Rhus, 200, was administered there was almost immediate improvement. On the 12th day erysipelas set in, which, however, quickly subsided. This case subsequently developed paralysis, which lasted three months, for which Gels. (mainly) was administered. He finally recovered perfectly.

Sometimes I go for a year or two without losing a case, and then, though trying to treat them on the same general homœopathic principles, I find the mortality fearful, till I wish some one else had them.

CASE NO. 12.—BY DR. T. H. HUDSON, KANSAS CITY, PROFESSOR KANSAS CITY HOMŒOPATHIC MEDICAL COLLEGE.

As to the Antitoxine treatment of diphtheria—of course it will have a run, as did Koch's Lymph, Brown-Sequard's Elixir, Pasteurism *vs.* hydrophobia, Listerism, etc.; and, like them, will fall into desuetude, to be succeeded by other fads and fancies. These are not for those who are guided by law in the selection of remedies.

CASE NO. 13.—BY DR. F. R. WATERS, CHICAGO.

November 10, 11 A. M. Mrs. A., age 31, blond; usually well. Said she had been feeling all tired out and hardly able to be around for three days. Found her in bed, face very much flushed, a splitting headache. Was obliged to keep well covered up, as the chilly sensations were going over her when becoming uncovered. Limbs stiff, sore and lame on moving. Felt better warm and lying still in bed well covered up. Throat sore, which pained her upon swallowing either liquids or solids, hot or cold. Membrane upon each tonsil about the size of a dime, brown in appearance on the left, lighter in color on the right side. Salivation very profuse, and constant swallowing and spitting; throat felt raw, tongue heavily coated yellow, breath very fetid; dyspnoea on rising, cannot stand on this account.

Merc. Sol. 200. Evening, felt better mentally.

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November 11. Very much better. Had been able to sleep two hours. Breath very bad still. Throat less angry in appearance, could swallow better.

November 12. Up and around. Less saliva and swallowing. Can eat and drink with slight pain. No more medicine, and gradual recovery.

CASE NO. 14.—BY HOWARD CRUTCHER, M.D., CHICAGO, PROFESSOR OF SURGERY HERING MEDICAL COLLEGE.

My earlier experiences with diphtheria were not encouraging. I lost nearly every case where there was dangerous sickness. I used the remedies about as follows: When first called, Aconite tincture in water, alternated with Mercury or Bichromate of Potash, in doses as large as could be prudently administered. As the case grew worse and worse, I occasionally made feeble efforts to select a remedy according to the homœopathic law of cure, but I did not know enough to apply practically what little knowledge I had of Materia Medica, and thus neutralized the results of what was occasionally a good prescription. Generally I stumbled from Aconite and Belladonna to Veratrum and Gelsemium, thence to Mercury, Potash salts, Lachesis, Arsenic and China, frequently giving Iron and Quinine in heroic doses to "sustain the strength." As a usual thing local treatment was maintained from the start. Generally I lost my patient if there was any prospect of doing so.

So far as the various specifics are concerned, they are all failures in diphtheria. The latest craze, the Antitoxine treatment, will have its day and go by the board, like all of its predecessors. The old school dreams of specifics have so often crashed into the solid masonry of truth that one is amazed at their ignorance and presumption, which, naturally, are only equaled by their haughty intolerance. Allopathy, frequently masquerading under a name that misleads only the ignorant and heedless, has started out not to find the truth, but to justify its own insane prejudices, and the human race must pay the forfeit in blood and treasure. This germ theory is bound to be right, of course, and a carnage three or four times worse than Waterloo is nothing.

To be brief, I treat diphtheria today in accordance with the rules laid down by Hahnemann, and I have found the indica-

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tions in the little work of Dr. Gregg of great value. Another valuable work is the monograph of Dr. A. McNeil of San Francisco, who has summed up the matter of diphtheria and its treatment in admirable fashion. My results today are so satisfactory that I wonder why any one should grope around in the dismal swamps of allopathic ignorance simply because the Hahnemannian methods do not accord with the brutal materialism of the age.

I cannot refrain, in this place, from paying a tribute to the robust common sense and scientific culture of my old teacher, Prof. Robert N. Tooker, M.D., whose good advice and sound instruction I did not have the "faith" to follow until a series of unhappy results had replaced prejudice with common sense. Prof. Tooker's forthcoming work on Diseases of Children is sure to take at once first place amongst our text-books, and will no doubt be a fitting monument to an old teacher whose many years of ripe experience richly entitle him to speak with authority in this important field.

CASE NO. 15.—BY T. C. DUNCAN, M.D., PH.D., LL.D., PRESIDENT NATIONAL MEDICAL COLLEGE.

You ask me for a brief report of a case of diphtheria. I used to think diphtheria was easy of diagnosis, but as Dr. Quine, President of the Illinois State Board of Health, remarked, after listening to a paper on the diagnosis of diphtheria, read before the Auxiliary Sanitary Association of Illinois, in which the author quoted from a German writer who proved microscopically that nearly 40 per cent. of the cases reported as diphtheria were not that disease: "I used to think that I could diagnosticate diphtheria, but in the face of these statements I shall hesitate to call a case diphtheria until after microscopic examination." The diphtheritic bacilli are in long, irregular lines, and will be reproduced on a culture medium that our city board of health will supply. These are the true Klebs-Loeffler diphtheria bacilli, while the pseudo germs gather in round spots—the strepto cocci. It is a satisfaction to know that true diphtheria can be surely and early diagnosticated. I have not had a ease since I listened to the above paper at Springfield, where I

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went as a delegate from the Homœopathic Medical Society of Chicago, so will be compelled to report a case of earlier date.

Miss S.——, aged 11, blonde, living in one of the most modern mansions on Ashland avenue, was taken with the usual symptoms of diphtheria; high fever, aching all over, and gray exudate on severely inflamed tonsils. It was a most severe case from the first. The fever ran up to 104 and held there for days, and the membrane appeared in the nose and finally invaded the larynx. This was checked by lime steam. Two nurses and other attendants were kept busy night and day keeping the steam going. We used barrels of unslacked lime. The only remedy that seemed of any avail was Merc. Cyan. We tried the 6th, but that did not seem to arrest it, and at Dr. Beebe's suggestion the 3d was given with good results.

This was the first case of laryngical diphtheria that I had seen cured. It certainly was a bad case of diphtheria, and I was pleased with the action of the Merc. Cyan. In other cases with similar complications it has been equally efficient. For the early high fever before the exudate appears, I have found Baptisia very helpful. It seems to meet a higher grade of fever than Bell. can control.

Other remedies, as Lach., Lyc., Merc. Bijod., Ars., Kali Bich., etc., I have found indicated in other epidemics and for the various phases of this disease.

As to the Antitoxine or Anti-diptherica I have had no experience. I see that it is preserved with a 5 per cent. solution of Carbolic Acid, and the question arises, have we anything more than serum (blood serum) and Carbolic Acid?

The editor of this journal some years ago supervised a proving of Carbolic Acid, and pharyngeal inflammation was a characteristic symptom with several of the provers.

This acid will kill the sterptacoccus as I have proved in erysipelas. So will alcohol, which you know was Grauvogl's favorite gargle in diphtheria.

In mild, doubtful cases of diphtheria, the Antitoxine might prove beneficial, but I should not like to depend upon it in genuine, old fashioned putrid diphtheria, such as we used to meet thirty years ago.

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CASE NO. 16.—BY J. B. S. KING, M.D., CHICAGO, PROFESSOR CHEMISTRY AND TOXICOLOGY, HERING MEDICAL COLLEGE.

September 15. Child aged five. Complained of sore throat; face flushed, especially the cheeks. Cried if asked to swallow anything, and complained that it hurt her. Slight fever. Throat unnaturally red, but not swollen, more on left side. Bell. 30.

16th. Has had a restless night, waking frequently and crying. Face pale. Still some fever. Glands of neck swollen externally. Throat had a good sized spot of grayish membrane on left tonsil. Mucous membrane of throat purplish (may have been so night before, as it was examined by lamp-light). Child restless; did not want throat touched or examined. Lach. 200.

17th. Membrane had spread a little towards the uvula, but the night had been more restful. She waked frequently, but not so frequently as the preceding night. Lachesis, 1m.

20th. Child had improved continuously since the 17th, and today the throat was clear of any membrane; she was now, however, pale and very weak. No medicine.

26th. Was sent for hurriedly. The patient had had some kind of a spasm. Face of a bluish pallor, and puffy. Heart was beating tumultuously and irregularly, and the respiration was rapid. Extreme prostration, yet restlessness. Thirst. Ars. 30.

27th. Patient much better. Heart acting quietly. Face of a better appearance. No medicine.

During the next few days there was a similar spell, not so violent. Arsen. 200. Recovery.

What do I think of Antitoxine and its use? A procedure that has nothing to recommend it but novelty. A fad that, like many another, will have its brief day of popularity, and will then be relegated to the dust heap of oblivion, where thousands of its fellows lie in deserved obscurity.

CASE NO. 17.—BY F. O. PEASE, M.D., CHICAGO, PROFESSOR MATERIA MEDICA, HERING MEDICAL COLLEGE.

As an "offset" to the results claimed for the effects of Antitoxine in the treatment of diphtheria, I offer this report of one case treated by homœopathia.

Before giving the case I will trespass on your space and the

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reader's time by calling attention to report of cases treated, from *The Medical News* of November 17, p. 556. The case treated from October 2 to the 10th. Pathologically, the case is very much like the one I give from my own practice, so far as age, sex, character of exudate and especially the hemorrhagic element is concerned—one reason why I report this case.

The Antitoxine was used in doses of two cubic centimeters, of varying strength; in addition, the patient (two and one-half years old) received Tincture Ferric Chloride, Mercuric Chloride and Strychnine Sulphate internally; the Antitoxine, Sulphuric Ether, and Strych. Sulph. hypodermatically; Hydrogen Dioxyd locally, and "free use of milk and whisky." The death occurred on the eighth day of treatment "from asthenia"!

The second case in same article was a recovery, but note the history: October 2d, first injection of Antitoxine. 3d, no change in exudate, also none on the 4th. October 5th, the exudate had extended into nares. October 6th, *Scarlatina rash appeared,* the throat symptoms diminished, and on the 7th the exudate had also diminished. October 8th, it had disappeared from the fauces, the rash still being out, etc. This case was "recovering" when the report was made ("in spite of" the Antitoxine and drugs, which were the same as in the first case). Comment is not in place in a short paper here, and is hardly necessary, as the two cases give their own expression to the value of the "Antitoxine craze," as it will soon be called, when it will be ticketed and tucked away among the "shelved" relics of the *serum therapy* of the antique school.

It is to be regret ed that among the ranks of homœopathic practitioners there are some who indorse Antitoxine. It is not to be wondered at that the "Regulars" should, through their literature, *endorse* and inject and claim wonderful results with ridiculous haste; but what *kind* of homœopathy is it that seconds these allopathic "motions?" and what will these homœopaths say or do for themselves six months hence, when the "craze" is relegated to the shelves of the legendary past along with Testicular fluid, Tuberculin, and others of serum ilk. Look at the appended statistics—from the same journal, the *Medical News*—quoted from *La Medicine Moderne,* 1894, No. 85, p. 1319, to show results of Antitoxine in diphtheria:

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"Behring and Kossel, 30 cases, with a mortality of 20 per cent; Ehrlich, Kossel and Wasserman, 67 cases, with tracheotomy, mortality of 44.9 per cent; 153 cases without tracheotomy, mortality of 23.6 per cent; Katz, 128 cases, mortality 13.2 per cent; Weilger, 63 cases, mortality 28 per cent; Aronson, 192 cases, mortality 13 per cent; Roux, 44 cases, mortality 24.33 per cent—making a total of 1,081 cases—average mortality of 24 per cent. Roux gives as the mortality in the wards of a Paris hospital as 51.71 per cent, while with the Antitoxine, in 448 cases the mortality was 24.5 per cent."

This record, compared with homœopathic statistics, would suffer considerably, and many questions are suggested by the report, e. g.: How much were those groups of cases affected by epidemic peculiarities, by modifications in the *drug* treatment, by locality, as to climatic and hygienic environment, etc., etc. If Antitoxine is a specific, as they claim, why do they try to brace up its effects (or nullify) with their drugs, and drugs, "eternally, externally, internally" and infernally assailing the vitality of the suffering *patient*, in their struggle for control of the *exudate*, which, to them, is the disease?

It is the duty of all true homœopaths to report cases and results of the law of cure that we are having to aid in calling a halt in this unseemly haste of some of our homœopaths to endorse the use of an uncertain quantity which is doomed to the certain obscurity of "inocuous desuetude." The following case I report: 1st, because in several elements it is analogous to Case I, in the *Medical News;* 2d, because the curative remedy is not usually called for in diphtheria; and 3d, it illustrates the fact that local measures or treatment are not necessary. "A single, simple medicinal substance" "given in the smallest dose necessary to produce curative action," is sufficient, and will cure.

February 12, 1890. F. C., girl aged three years and four months; dark hair and eyes; had been ailing two days, cross and irritable, crying; lack of appetite; throat sore and fever. I found, on evening of the 12th, restlessness, high fever, thirst for cold water, but could not drink but a swallow, pushing away the glass; breath offensive. The fauces dark, dull red, irregular patches of dirty whitish exudate over tonsils and back wall of pharynx; the nostrils were sore and sensitive, easily bleeding·

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the lips dry and cracked, also easily bleeding; bowels constipated, body hot, face pale. Pulse 120, temperature 102°. Frequent picking of the sore nostrils and lips; the neck externally some swelled.

I gave my diagnosis as diphtheria. Prescribed Arum. Triph. 1m. in water, four teaspoonfuls, a teaspoonful every 30 minutes; placebo every two hours. Warned the mother against using local treatment of any kind.

February 13, morning. The case was in every way worse, the patches of membrane were coalesced and extending up to nares, on each side of the uvula; fetor was more marked; the nostrils were more sore and bleeding, and the lips also were parched and cracked; also an eruption at corners of mouth and down from lip onto the chin and out toward the cheeks. There was a little less picking of the lips and nostrils, but bleeding kept up from the nostrils and cracked lips. Could not open the mouth, so did not see the throat. She was stupid, and if aroused very irritable; thirst, but could drink but a swallow, if at all; bowels had moved in night, but scantily, dark and offensive; face pale, neck more swollen, skin dry, urine scanty; there had been a slight sweating and chill in the night. Temperature 102.6°, pulse 130. ℞ Merc. Cyan. cm. One dose and placebo.

February 13—evening—8 o'clock. No improvement. Symptoms intensified. Pulse was weak and thready. I made a careful study, giving more weight to the irritability of temper, the < from any motion, the peculiar spreading eruption, with ulceration on the chin and out on the cheeks, on lips and chin crusty scabs forming, with thin blood oozing from nose, lips, and trickling down the chin. Mur. Ac., Arum. trip., Merc., Rhus tox. and Bry. deserved study. Of all these the Bry. seemed to cover more of the conditions than did any of the others, especially the evident aggravation from any motion, even the hands or a foot.

I gave a dose of Bry. cm (Skinner), dropping the pellets well back on the tongue from a spoon; placebo in water, as usual. I left the patient feeling anxious, but after a more careful study of Bry. in "Guiding Symptoms," I was more hopeful.

February 14, 7 A. M. The eruption and crusts were dryer, there had been less bleeding, she could drink, and was not so irritable; pulse stronger and less rapid. Temperature, 100°. ℞ placebo.

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In evening, 8 o'clock, the case was in every way better, the scabs and hardened epithelial debris was flaking off, swelling of neck receding. Temperature, 99°. Pulse, 90. She had taken some nourishment; urine more in quantity; and skin moist. From this onward the case went smoothly to recovery; the Bry. was not repeated; Colchicum, 1m, was given later on, for gastric symptoms. There were no sequelæ and no local or adjuvant treatment.

CASE NO. 18.—BY SARAH W. ANDREWS, M.D , CHICAGO.

Some three years ago I had a patient with diphtheria, which, I considered, owing to the complications, an extremely interesting case.

A girl, aged 4½ years, of slender build, but healthy in every respect, contracted diphtheria in its worst form. Among her first symptoms were an offensive, cadaverous odor from the body, and an inclination to lie around; did not want to play at all. This was Thursday.

Patches made their appearance in the throat on the Sabbath. A spray was used, consisting of one part alcohol to two parts water, every three hours. The membrane formed over both tonsils and in the nose, and a small patch formed on the lower lip. Large pieces of membrane came off from time to time and a new deposit would take its place. There was more or less hemorrhage every time the membrane became detached. Sulphur blown into the nose and the spray arrested the hemorrhage quickly.

After a time the vocal cords became paralyzed. When she had been out of bed nine days she lost her sight and hearing—this was four weeks from the time she was taken ill. She had not recovered her speech, so the child was actually blind, deaf and dumb. She remained in this condition for three weeks, when it was observed that the lost senses were gradually returning to her. It was fully a year before this child had completely regained her former health.

The remedies used in this case were Apis, Bell., Merc.-jod and Ars. Ars. was given for days, and for the paralysis Gels. All remedies were given in the 30th to 200. She took an egg-nog with two spoonfuls of whisky every three hours, taking in

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eight days one quart of whisky. She passed through the bowels several pieces of membrane, tube shaped, from an eighth to one inch long. Her temperature varied from 95° to 105°. The pulse varied, at times was quick and thread like, at others was hard. Dr. T. S. Hoyne was the consulting physician and saw her every day during her critical period.

CASE NO. 19.—BY G. H. ANDERSON, M.D., PRESIDENT HOMŒOPATHIC MEDICAL SOCIETY OF KANSAS.

In February was called to see a case of so called "Ulcerated Sore Throat," and on examination found in that family two well developed cases of diphtheria.

These sisters, aged 12 and 14 years, began complaining about four or five days previous to my visit, of headache, pain in throat, difficult swallowing, etc. I found enlargement of tonsils and submaxillary glands, fever, languor and other smyptoms usually found in typical cases of diphtheria, with the membrane completely enveloping the tonsils and neighboring parts.

In case one, that of the younger girl, the membrane of a purplish appearance began on the left tonsil and spread to the right. She complained of great soreness of the throat and was always worse after sleep. With these symptoms presenting she was given Lachesis.

The next day I found her fever subsiding, the membrane becoming disintegrated and loosening around the edges, extreme sensitiveness to pressure on the throat relieved, and better in all respects.

About four days after my first visit, the membrane having mostly disappeared, the tonsils still remaining enlarged and sensitive, with a constant collection of saliva and painful swallowing, she was given Mer. Bin. 4x, and made an uneventful recovery.

In case two, the exudation began on the right side, spreading to the left, and involving the nasal cavities and Eustachian tubes. There was difficult breathing on account of the nose being stopped up. The effort made to breathe was painful to witness, constant opening and closing of nostrils, cross and irritable. Did not want to be touched. I gave her Lycop. 30x (or it was the 30th six years ago) and was delighted to find her improving on my next visit.

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On the fourth day from my first visit she was determined to get out of bed and into a rocking chair, but the effort was too much for her strength and she began going from bad to worse. All symptoms were greatly aggravated, difficult speech and paralysis threatened. Gels. relieved in 24 hours.

For two or three days it was a battle for life, but as the symptoms presented they were successfully met by Ars., Alb., Kali Bichr., and Mer. Bin., and all was well.

These cases were the beginning of a circumscribed epidemic, caused presumably by the children drinking water from the school well, which when cleaned revealed a partially decomposed skunk and several rabbits. I treated seven cases in this family and four in another, all of them except case No. 2 were of the milder form, the exudation manifesting itself first on the left side, and all yielded readily to the indicated remedy, and are strong and healthy today, free from lingering or permanent *sequelæ*.

At the same time, in the same immediate community, an allopathic physician had three cases, losing two of them. The third recovered in spite of his remedies and a steaming process of weeks' duration.

As to the efficacy of Antitoxine, I am undecided, owing to the lack of clinical experience or observation other than that furnished in the daily press. But as to the necessity of it, I am thoroughly convinced that with the armamentarium of the true Homœopath, when called in a reasonable time, the mortality in diphtheria will be found as favorable as in other classes of diseases where the medical fraternity has not gone crazy over "fads" or so called "specifics."

Already an Attack on the Diphtheria Treatment.

A reaction against the unmeasured claims advanced for the curative effects of Professor Behring's diphtheria serum is setting in rather seriously. The most significant utterance in this respect was made at a meeting on Wednesday last of the Berlin Medical Society, when Dr. Hansemann, an assistant in Professor Virchow's pathological institute, as mouthpiece of Professor Virchow himself, sharply criticised in detail Professor Behring's serum therapeutics. He denied that the serum immunises

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human beings and declared that no sufficient proof had been produced respecting its curative properties. Furthermore, Dr. Hansemann claimed that the effects of serum treatment in many cases was dangerous to health and even to life. The statistics thus far obtainable of the results of the serum treatment he pronounced to be unreliable and often misleading. The lecture was received with great applause from one part of the audience and with hisses from the other part. The extension of the serum treatment to other cities, at home and abroad, has been reported to be going on steadily and the chemical works at Hoeksche, near Frankfork, where it is manufactured, have been enlarged this week in order to meet the demands for the serum.

ARGENTUM NITRICUM—A FEW CHARACTERISTICS.

BY MARVIN A. CUSTIS, M.D., WASHINGTON, D. C.

The individual.—Those of an old, withered and "dried-up" appearance.

Mental and moral symptoms.—The patient is reserved, sad, low-spirited and melancholic, with complete indifference to his usual vocation. Does not care to attend to his business, because he knows it will prove a failure; besides, he fears his health will suffer. Feels deserted by family and friends. Always under a dark cloud, and a feeling as if something awful was going to happen. He has a sensation as if the body, or some part of it, particularly the head and face, was expanding. Again, the time seems to pass very slowly.

Characteristics.—The great melancholy, and weakness of memory; the sensation of expansion of the body; the slowness of time.

Organs of digestion.—The stomach seems as if it would burst with wind, accompanied with great desire to belch, which is accomplished with difficulty, when the air rushes out with great violence, with decided relief. Dyspepsia, with distension of the stomach, violent palpitation of the heart by spells, and an intermittent pulse. Ineffectual efforts to eructate, causing strangulation, which is finally relieved by loud belching. In obstinate cases of incessant vomiting of food, with a smooth, dry tongue, apparently destitute of papillæ, with excessive nervous irrita-

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bility. Cannot bear pressure of clothes about hypochondria. Violent pains in the stomach, radiating in all directions; pains and violent belching immediately after eating; pains increase and decrease gradually.

The stools consist of green mucus, like chopped spinach in flakes; expelled forcibly with much spluttering. The diarrhœa is aggravated from drinking and the eating of candy. Fluids appear as though they went straight through the intestinal canal without stopping.

Characteristics —The flatulency; the relief from belching; the pains increasing and decreasing gradually; the green mucous stools, expelled with force and with much spluttering; the aggravation from drinking and from eating candy.

Urinary and sexual organs.—Urine scanty and almost suppressed; urine dark-red, deposits red crystals of uric acid; urine passes unconsciously and uninterruptedly. The urethra feels swollen; ulcerative pains in the urethra, as from a splinter. Urine burns while passing, with sensation as if the last drops remained behind.

The male sexual organs are shriveled, with feeble erections, and want of sexual desire; impotence.

Female sexual organs: Prolapsus uteri, with ulceration of the os and cervix. Metrorrhagia, with pain in the region of the ovaries, extending into sacrum and thighs; with cutting pains in the right ovarian region; with nervous erethism at the change of life; also in young widows and those who have borne no children.

Characteristics.—Resembles cantharides, and is useful when that remedy fails. Incontinence of urine at night; the metrorrhagia at the change of life; the prolapsus uteri, with backache and weakness of the lower limbs.

Organs of circulation.—Palpitation and irregular action of the heart, with melancholy, coming from dyspepsia, means Arg. Nitr.

Organs of respiration.—The larynx is raw and sore; much titillation in the larynx, causing spasmodic cough; deep inhalation takes away the breath; many persons in the room takes away the breath; desire to breathe cold air into the lungs; spasm of the respiratory muscles.

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Characteristics.—Chronic laryngitis, particularly with singers, with rawness and soreness of the larynx; tubercular laryngitis, with rawness and soreness of larynx, and spasmodic cough; great desire to breathe cold air.

Eyes.—This medicine is the sheet-anchor for purulent ophthalmia. Few, if any, subjective symptoms, with an enormous purulent discharge, are characteristic indications for Arg. Nitr.

Nervous system. — Hemicrania, with pressing, throbbing pains, relieved by binding something tightly around the head; prosopalgia, with sour taste in the mouth; periodical trembling of the body; trembling of the hands, causing the patient to drop things; great weakness of the lower limbs, with a bruised feeling in the calves; paralysis of the lower half of the body; spasms, preceded by dilatation of the pupils, followed by restlessness and trembling of the hands; cannot walk in the dark or with closed eyes.

Characteristics.—The relief obtained from tightly bandaging the head; the trembling of the hands; the weakness of the lower limbs.

General characteristics.—Withered and "dried up" appearance of the patient; sadness, with indifference to everything; sentative of expansion of the body or some part of it; time seems to pass slowly, everything done seems done so slowly; gradual increase and decrease of the pains; marked relief from belching; trembling of the hands; weakness of the lower limbs.

THUJA IN A CASE OF WARTY TUMOR.

TRANSLATED FOR THE MEDICAL VISITOR FROM THE JOURNAL BELGE D'HOMŒOPATHIE BY DR. J. B. S. KING.

A woman of advanced years presented herself for treatment with a verrucous tumor, about the size of the thumb, attached by a relatively small pedicle to the neck near the right ear.

Pulling gently on the tumor caused pain on the whole side of the head. There were also lancinating pains starting from the tumor and radiating towards the shoulder and chest. It was impossible for her to lie on the right side.

I prescribed Thuja 6th dilution, internally, and had her

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apply upon the vegetation a solution of five grammes of Thuja mother tincture in sixty grammes of almond oil.

After some days of this treatment the vegetation became withered and cold. After fifteen days it fell off without pain, as did also several other minute growths of the same nature and in the same neighborhood; no noticeable cicatrix was left; all pain in the side of the head also disappeared. DR. GANDY.

THE HAHNEMANN ASSOCIATION.

This new society, whose object is to perpetuate the memory of a grand epoch in medicine, to do honor to the memory of Samuel Hahnemann and to promote a more genial intercourse and good fellowship among his followers, was organized on the evening of November 15, with 322 charter members.

This is purely a social organization meeting in New York in November of each year. Its membership is open to *all* homœopathic physicians, either ladies or gentlemen, and from all parts of the country. Applications for membership should be accompanied by the initiation fee of one dollar ($1), and forwarded to Dr. Alton G. Warner, 194 Schermerhorn st., Brooklyn, N. Y.

The first annual gathering and dinner was unanimously considered a grand success. After a most enjoyable social hour in the parlors, members and their guests sat down to an elaborate dinner in Jaeger's large banqueting hall.

The post-prandial part of the program was opened by introductory remarks by the president of the association, Dr. A. B. Norton, and was followed by an able tribute, in memoriam, Samuel Hahnemann, by the toast master, Dr. Geo. G. Shelton.

The toasts of the evening were exceptionally well responded to, and were as follows: "In Days of Yore," E. M. Kellogg, M. D.; "The Doctor in Politics," Henry M. Smith, M.D.; "Harmony," a poem, Wm. Tod Helmuth, M.D.; "The Doctor and the Dominie," Rev. Chas. H. Eaton; "As Others See Us," Hon. Melbert B. Cary; "Our Lady Guests," Selden H. Talcott, M. D.; introduction of the President-elect, J. Lester Keep, M. D.

A Parting Ode, words by Dr. Helmuth, was then sung by all present, accompanied by the Royal Hungarian Orchestra, who discoursed their sweet music the entire evening.

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The officers elected for the ensuing year were: President, Dr. J. Lester Keep, Brooklyn; 1st Vice-President, Dr. Martin Deschere, New York; 2d Vice-President, Dr. J. B. G. Custis, Washington, D. C.; 3d Vice-President, Dr. Chas. F. Adams, Hackensack, N. J.; Recording Secretary, Dr. Chas. H. Helfrich, New York; Corresponding Secretary, Dr. H. D. Schench, Brooklyn; Treasurer, Dr. A. G. Warner, Brooklyn; member Executive Committee, Dr. A. B. Norton, New York.

Among those present were Dr. and Mrs. Helmuth, Dr. and Mrs. St. Clair Smith, Dr. and Mrs. Houghton, Dr. and Mrs. Shelton, Dr. and Mrs. Wilcox, Dr. and Mrs Boynton, Drs. Doughty, Keatinge, Brown and White of New York; Drs. Keep, Willis, Chapin, Winchell and Muncie of Brooklyn; Dr. and Mrs. Phillips of Boston, Dr. and Mrs. Custis of Washington; Dr. and Mrs Butler, Dr. and Mrs. Adams, Dr. and Mrs. De-Baum, Drs. Dennis, Church and Mandeville of New Jersey; Dr. and Mrs. Hoag, and Dr. Sanford of Bridgeport, Conn., and over two hundred others.

This first gathering of the Association proved such an extremely pleasant occasion to all who were present that the success of the Association is assured, and next year it will be difficult to find a banqueting hall large enough to accommodate the members who will desire to attend, because the ladies enjoyed it so much they are all anxious for its repetition.

The credit of such a pronounced success of a new organization is due to the active personal work of each officer of the Association.

HOMŒOPATHICIANS.

In the November number of the *Homœopathic Physician* is to be found the very carefully considered and worded Declaration of Principles, Constitution and By-Laws of a brand-new, simon pure association called the Society of Homœopathicians. It was thought some years ago—1880—when the International Hahnemannian Association was organized, that at last there was one society which limited its membership to real homœopaths—men who practiced what they preached. But it seems that this was not so—notwithstanding the strict rules and the difficulty of breaking into this organization, the membership of which never

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exceeded 200, it is claimed by the seceders that men have gained entrance who are the worst enemies of Homœopathy.

This is very sad, if true. However, *eighteen* of these members secede and organize another new association which is to be perfectly pure, and it is to be kept so (if possible) by only admitting after the most careful scrutiny five new members each year. The influence this grand association will have upon the mass of the profession is simply beyond calculation. Having only themselves to amuse—eighteen—count them—their influence will be felt throughout the entire world.

So far, well and good, but has it ever occurred to these gentlemen, as it has to the writer after reading over the names, that it will not be so very many moons before six or seven will secede to form another society, possibly to be known as the True Hahnemann Homœopathicians, and later on these will again split, the new branch to be incorporated as Similiabusters, and then another split, and so on *ad infinitum*.

What the poor International Hahnemannian Association will do is a question, but it is surmised that it will go right along and attend to business at the old stand and upon the same platform. As one poor member expresses it: "We poor I. H. A. devils are not in it; we are not among the elect, nor are we members of the 'Holier than thou' society; we appear to be debarred from kingdom come."

The only comforting thought about the whole matter is that the new society has not renounced Homœopathy, Hahnemann nor the Organon, and it is on this platform that it will go to pieces.

TESTIMONIAL TO SIR JOSEPH LISTER.

To the Editor of The Medical Visitor:

Dear Sir—Sir Joseph Lister having recently retired from active hospital and teaching work, the occasion has been thought appropriate for presenting him with a testimonial of the esteem in which he is held by his former colleagues and pupils, and committees have, therefore, been formed in Glasgow, Edinburgh and London for the purpose of raising the necessary funds.

It is proposed that the testimonial shall take the form of a

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portrait. Subscriptions have been limited to two guineas, and it is hoped that sufficient funds will be collected to permit of some memento of the occasion being presented to each subscriber of that amount.

As there are probably many surgeons in the United States who may wish to join in the movement, but whose names and exact addresses it has been difficult to ascertain, I should be glad if you would permit me to state that subscriptions may be sent to me at 29 Weymouth street, Portland Place, London W., England, or to one or other of the following gentlemen who have kindly consented to act as treasurers, viz., Dr. James Finlayson, 4 Woodside Place, Glasgow, Scotland; Professor Chiene, 26 Charlotte Square, Edinburgh, Scotland; Professor William Rose, 17 Harley street, London W., England; Dr. Malloch, 124 James street south, Hamilton, Ont., or J. Stewart, M. B., 37 South street, Halifax, Nova Scotia. I have the honor to remain, sir,

Yours faithfully,

J. FREDK. W. SILK, *Honorary Sec'y.*

P. S.—Two guineas are about $10.23.

BOOKS.

The Practice of Medicine, by Wm. C. Goodno, M. D., with sections on Diseases of the Nervous System by Clarence Bartlett, M. D. Vol. 1, Specific Infectious Diseases and Diseases of the Nervous System. Philadelphia: Hahnemann Press, 1894.

An excellent book, as far as binding, paper, type and other external factors are concerned. In these mechanical details it is indeed above criticism. We wish we could say as much for its contents. The word homœopathic does not occur in its title, and there is little in the book to show that the author has any decided preference for that mode of treatment; certainly nothing to show any ardor or enthusiasm for it. From the allopathic standpoint it is equally defective; for there is no phenomenal depth of learning revealed in the mysteries of pathology such as appeals to advanced allopaths, certainly no superiority over the standard works of that school. Then the mild dash of Homœopathy which it contains would probably spoil it for allopathic readers. It is, therefore, like that church, described so graphically by John in his Apocalyptic vision, as

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neither hot nor cold, and in danger of being spued out of the mouth of those who have decided opinions either one way or the other.

As a specimen of the treatment recommended we extract the following: Quinine "in doses of from fifteen to thirty grains during the four hours preceding the chill, is an efficient anti-periodic, promptly controlling recent cases."

This is sufficiently offensive to a homœopathic prescriber, and might agree very well with an allopath if the author would only refrain from talking about the homœopathicity of Quinine to the disease,

The section on syphilis occupies about 44 pages. Its treatment, according to the writer, resolves itself in the majority of cases, into the administration of two remedies, namely, Mercury and Iodide of Potassium.

Gross, in his "Sytem of Surgery," devotes 64 pages to syphilis, and gives about the same treatment, but Gross' treatise shows more scholarship, more learning, more experience, and is written in a better literary style.

In good sober truth, we cannot admire this Practice of Medicine either from the standpoint of our old school memories, or of our later acquired faith. We doubt very strongly the statement made in the preface "that there is a place in homœopathic literature for such a treatise." We cannot think that the number of physicians who will find such a work useful or necessary, is large. We sincerely trust, for the good of Homœopathy, that the number is small. S.

The (N. Y) Metropolitan Post-Graduate School of Medicine (Homœopathic) announcement has been received. There has been a demand for a school of this character where instruction in Homœopathic Materia Medica and Therapeutics would be given and made the main point. Instruction in every other branch can be obtained at any of the regular post-graduate schools, and hence there is no real desire for such additional facilities.

"The Department of Homœopathic Therapeutics is intended to be a special feature of this school. It is proposed to hold daily clinics for this purpose, at which the teachers will pre-

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scribe for patients who have been examined by the various specialists in other departments. Particular attention will be given to illustrating the various methods of selecting the remedy, use of repertories, etc.

"The strong corps of professors in this department guarantees most thorough instruction, and, in addition, students will have an opportunity to witness the results from various potencies which the varied experience of the professors leads them to select.

The Professors are: T. F. Allen, A. M., M. D., LL. D.; St. Clair Smith, M. D.; Thomas M. Dillingham, M. D.; Arkell R. McMichael, A. M., M. D.; Martin Deschere, M. D.; Geo. G. Shelton, M. D.; W. A. Dewey, M. D.; Paul Allen, M. D.; Louis A. Queen, M. D.; Frederick M. Wall, A. M., M. D.; Oliver B. Wait, M. D. Quite a small army. If the school sticks to the homœopathic part of the curriculum it will be a success; otherwise it will soon go to the wall. The entire teaching corps consists of 70 professors.

Biggar v. Bishop. Some one furnishes THE MEDICAL VISITOR with a statement of the case and argument. The less publicity given to such matters the better.

The Denver *Journal of Homœopathy* sprang into existence the last of October 1894. It is a neat journal of 28 pages, edited by Drs. S. S. Smythe and S. S. Kehr. The MEDICAL VISITOR wishes it a long successful life.

Intraligamentous and Retroperitoneal Tumors of the Uterus and its Adnexa. By William H. Wathen, A. M., M. D. Reprint from *Trans-Amer. Gyn. So.*, 1894.

Temperature Chart, The editor has received from the publisher, W. B. Saunders, Philadelphia, copies of this chart with spaces for recording the daily temperature, pulse, daily amount of urine, number of stools, etc. Twenty-five of these charts in a pad are sold for 50 cents. It is one of the most convenient charts that has come to our notice. On the back of the chart is to be found the method of Brand in the treatment of typhoid fever.

Samuel Hahnemann. A lecture by H. P. Holmes, M. D., Omaha, Nebraska. Reprinted from *The Homœopathic Physician*.

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Deformities of the Face and Orthopedics. Treatment of spinal curvatures with new aluminum shell jackets. Artificial devices for deformities of the face, new appliances for treatment of flat-foot, also report of operations on children under three years of age for angular deformities of the legs. By Frank L. R. Tetamore, M. D., New York. Reprints from *New England Med. Journals.*

Report on Typhoid Fever in the District of Columbia, submitted by the Medical Society of the District of Columbia to the committee on the District of Columbia of the U. S. House of Representatives, June 14, 1894.

Twenty-seventh biennial report (fifty-third and fifty-fourth annual reports) of the trustees, superintendent and treasurer of the Illinois Institution for the Education of the Deaf and Dumb, at Jacksonville, June 30, 1894.

Comparative Vital Statistics. By David A. Strickler, M. D., St. Paul, Minn. Reprint from *Southern Journal of Homœopathy.*

A Case of Chronic Peritonitis, with Intestinal and Abdominal Fistulæ — Enterorrhaphy — Recovery, by Frederick Holme Wiggin, M. D. Reprint from *Medical Record.*

Cœliotomy for Bilateral Pyosalpinx, followed Four Days later by Appendicitis—Operation—Recovery. A case of Bilateral Ovarian Fibrosarcoma. By Frederick Holme Wiggin, M. D. Reprint from the *N. Y. Med. Jour.*

The Diseases of Children and Their Homœopathic Treatment, by Robert N. Tooker, M. D., Chicago, Gross and Delbridge, 1895.

The need of a new and comprehensive treatise on the diseases of children from a homœopathic standpoint has certainly existed for a number of years. Physicians of our school have had for the most part to content themselves with the products of old school authors, and such supplementary treatises on therapeutics as they were able to extract from works on the general subject of homœopathic materia medica. Hence we may congratulate ourselves upon the fact that this lack has been supplied by this solid and excellent work of Dr. Tooker.

He is a man of years and experience and the work itself gives

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evidence of broad culture and sound judgment. The therapeutic part is not as in so many modern productions, in the least slighted; at the end of every section an abundant and judicious list of remedies, with their indications is given, so that the pathology and the therapeutics of disease are kept in an admirable balance.

We could wish that Dr. Tooker had not had so many assistants for from the brief examination that we have so far been able to make, the best part of the work is the part written by himself. The section on the sanitation of the nursery, for instance, is pragmatical and finnicky to a degree. The writer, whoever he may be, is profoundly convinced that his own trivial methods are the only correct or wise methods in existence. He accordingly dwells upon numerous unimportant details with an enormous insistance, that is worthy of a stupid and ignorant old nurse, but quite out of place in a scientific work of this kind. The merits of the rest of the work, however, far overbalance this portion, and we confidently expect that the works of Pepper and of Smith will be forgotten and dust-covered in our libraries, while this new-comer will occupy an accessible shelf and be much used. J. B. S. K.

GOSSIP.

The *Open Court* has reduced its subscription price to $1.00.

Dr. W. M. Johnson has removed from Chicago to Los Angeles, Cal.

Dr. Geo. B. Peck, of Providence, R. I., says: "In proportion to the amount of reading matter provided I read three or four times as much of your magazine as I do of most others, for the articles are so short and crisp I can read and digest them as I drive around the city.

At the January 2d meeting of the Homœopathic Medical Society of Chicago, the following papers will be presented: "Otorrhœa," by Dr. C. J. Swan; "Reflex Neuroses Due to Eye Strain," by Dr. J. F. Beaumont; "Dyspepsia, Cause and Treatment," by Dr. W. J. Hawkes.

The American Medical Publishers' Association has just issued its fall bulletin, giving all the new advertisers in the field, together with the advertising manager of each concern. A new exchange list has also been prepared, revised and corrected up to date. Both can be obtained by applying to the secretary, Chas. Wood Fassett, St. Joseph, Mo.

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OBITUARY.

Charles Spencer Duncombe, M. D., for thirty years the leading practitioner of Racine, and one of the best known physicians in Wisconsin, died at his residence, 6538 Sheridan avenue, Chicago, November 9, 1894, in the 73d year of his age.

Dr. Duncombe was born in Middleburgh, Schoharie county, New York, Nov. 18, 1821. He was graduated from the Geneva Medical College, New York, Jan. 29, 1844, and practiced old medicine for a number of years, but his kindly nature and thoughtful habits inevitably led him toward the homœopathic law of cure, which he fully adopted and practiced until his fatal illness necessitated his retirement from active work. He was graduated in medicine a second time from the Hahnemann Medical College, of Chicago, March 14, 1861, and was at the time of his death one of the oldest graduates of that institution. The doctor was a thoroughly skillful practitioner, and did many delicate and brilliant achievements in surgery, but his innate modesty generally kept his finest exhibitions of skill from the knowledge of his associates.

January 24, 1844, Dr. Duncombe married Miss Susan Barker, of Geneva, New York, a charming woman of robust common sense, great refinement of mind and heart and lovely graces of character, with whom he lived more than fifty years, and by whom he had three children, a son, William C., and two daughters, Katherine and Jennie. He was a life-long communicant of the Episcopal faith and was for many years a vestryman in the church at Racine.

Two years ago Dr. Duncombe's health failed so completely that he came to Chicago to spend the remainder of his days away from the scenes of his life's work in Wisconsin. It was my pleasure to attend him professionally during his illness, and I found him always the same noble, genial, uncomplaining Christian gentleman, one who bore his sufferings with calmness and fortitude and who uttered no word of impatience at anything. He was a charitable man, one liberal in his judgments and generous always to the faults of his fellow man. He was a true ornament to manhood and a glorious type of all that is noblest and most useful in the physician. To Prof. T. S. Hoyne and G. Frank Lydston, who rendered me much assistance in the case, I desire to express my sincere thanks.

103 State street. HOWARD CRUTCHER.

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CLIPPINGS.

CASE I.—A strong woman, a sort of virago, died at the Civil Hospital at Ghent, of meningitis. Upon inspecting the body we found a single meatus opening into the bladder. The vagina and uterus were wanting: and the ureturs having each a sphincter, behind which they formed an ovoid dilatation or pouch, as in the sea turtle. As completing the relation of this woman to the gallinacea, we established the fact that there was no *voile de palais*. After inquiry showed that this woman, who had had very strong sexual desires, had frequent intercourse with men which passed into the bladder, without having any incontinence of urine, the ureturs opening above the meatus.

Case II. A couple newly married, came to consult us, in our office, on account of the impossibility of accomplishing their conjugal duties. We found an absence of the vagina and uterus and a single meatus opening into the bladder: and the woman declared that the urine passed in the usual way. In this case we advised the husband that they should not make any attempt at coition, that it was prohibited. This advice did not suit him, his wife having brought him a good dot. Some days after the couple returned to see us, both very much abashed. In spite of our advise they had attempted the adventure: and the unhappy woman had become incontinent of urine. The evil was incurable.—*Dosimet. Med. Rev.*

STROPHANTHUS IN ALCOHOLISM.—Clinical experience has convinced Dr. A. P. Skworzow (*Md.-Chir. Rundsch.*) that the infusion of strophanthus is an excellent remedy for dipsomania. Seven drops, thrice daily, speedily produce the desired result. No relapses or injurious after-effects have been observed.

SLOUGHING OF THE VAGINA.—Dr. C. E. Mammack reports a case of gangrenous sloughing of the vagina, brought on by a physician introducing four ounces of tincture of chloride of iron on cotton, to check the hemorrhage of abortion. The use of the iron preparations for controlling hemorrhage could not be too often condemned.—*Medical Fortnightly.*

CLEAN THERMOMETERS.—Those who are constantly preaching the germ causes of disease are the very fellows who many times are equally as careless as his unbelieving friend. How frequently do we see physicians take the temperature of their patients, regardless of the existing disease, wipe the instrument with their handkerchief, which is the most liable linen to be full

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of germs, or a towel or even use the sheet, and carefully place it away in a case prepared with a small amount of absorbent cotton in the bottom to keep from breaking, and unintentionally preserving the germs from time to time, to be conveyed to the next unfortunate, who may be the first patient called upon. This seems to be a very simple thing to discuss, but any reasonable person can readily see the necessity of having your thermometer thoroughly cleaned every time it is used. It should be washed with soap and water, and if any cotton is used in the bottom of your case let it be sublimated cotton and occasionally renew it.—*Charlotte Med. Journ.*

There is a gentleman in this city who scours himself and his attendant before operating upon the abdominal organs and yet as he operates there is a perfect stream of perspiration dropping from his face and forehead into the abdominal cavity. He should stop his sweating, for all his scouring does not stop the germs from entering the abdominal cavity while he keeps it up. Lots of nonsense in this antiseptic business, anyway.—*Ed.*

WHO WILL NOW SAY THAT THERE IS NO POWER IN SAC LAC? SUGAR IN OBSTETRICS:—A physician of Italy, Dr. Boss, has been giving sugar for defective uterine contractions during labor. The idea started from some recent observations on the influence of sugar upon muscular power. In eleven cases of such uterine inertia he gave an ounce of sugar in some water, and in ten of the cases it had a most favorable effect upon the pains, arousing good uterine contractions in from 25 to 45 minutes, and prolonging them very decidedly. In some cases he gave a second dose an hour after the first one. The contractions excited are always regular, and never tetanic like those provoked by the poisons and dangerous ergot.—*Sanative Med.*

NOT CONTENT with having annihilated tuberculosis—glory enough for one man—Professor Koch, of Germany, is now about to exterminate diphtheria. At this rate of progress it would not be many decades before the physician would find, like Othello, his occupation gone. But, unfortunately, mankind with inborn perversity, persists in dying just the same as though no infallible remedies had ever been evolved. They are beautiful these infallible cures, but they are but an irridescent dream. It is beautiful! beautiful! exclaims Dr. Bacillus. And the patient? Oh, he died, of course. The new cure for diphtheria is upon the same old familiar lines as are all the alleged marvellous discoveries, the inoculation with a lymph product of the disease antitoxine. Homœopathy run mad.

The question of the bacterial origin of disease, like Banquo's

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ghost, will not down, for no sooner has the matter been definitely settled than it rises again more disturbing than ever. If there was one disease about the origin of which the bacteriological expert was more sure than another it was diphtheria, and if the facts did not always agree with the theory so much the worse for the facts. But as was shown not long since, diphtheria is a very doubtful disease to diagnose and there is no certainty about the disease unless the microbe of the disease is present. An acknowledgment, by the way, that the whole science of bacteriology is reared upon an exceedingly shaky foundation, for if the difference between true and false diphtheria can only be told by the microscope, the symptoms, course and sequalæ of the two being the same, it is evident that the so-called bacilli of diphtheria are not a cause of the disease nor even an incident.

And further, the question is raised, are the bacilli always and invariably derived from pre-existing bacilli of the same species, or in other words, are malignant bacilli always derived from malignant bacilli ?—*Dosmetric Med. Rev.*

THEY HAVEN'T TIME.—How often do physicians of average practice say : " Oh, I haven't time to write for medical journals. I am too busy." How was it that Marion Sims, Flint, Agnew, Keating, Fordyce Barker, Sir Andrew Clark, Charcot, Billroth, and others, had so much time for literary work ? And yet their professional duties were certainly as pressing as any one's we know. It would seem that they felt the necessity of keeping their brains in good working order by writing. There is not a physician that we know who hasn't the time, barring laziness or indifference.—*Med. Progress.*

LATENT GONORRHŒA.—Werthin has recently succeeded in demonstrating that gonococci, after remaining a few years latent in the urethra of a man suffering from chronic gonorrhœa or gleet, may be so cultivated as to acquire a high degree of virulence ; and that they may even be inoculated into the urethra of the patient from which they were derived, and give rise to intense gonorrhœal inflammation. This explains the fact long ago observed clinically that women not infrequently contract gonorrhœa from husbands who have previously suffered from the disease, but have supposed themselves to be cured.—*Mod. Med.*

EDITORS AND EDITORS.—While the average editor of other periodicals looks to his publication for a livelihood, medical editors edit and often largely manage their own publications, and usually, in payment, receive only the close drill which the

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work itself affords. In this particular, being much like the average medical college professor, except that the work of the editor is placed for the inspection of active practitioners, while the college professor submits his work for criticism to the undergraduate. If a medical editor and publisher receives an increase of income, he simply increases the size and scope of his journal. The consummation of a medical publisher's ambition is reached when the income account shall equal that of expense.

Medical editors deserve the greatest possible amount of praise for whatever good they may do, for it is their gold and their silver, and, also, the utmost leniency should be manifested in estimating their shortcomings.—*Med. Sentinel.*

INITIAL SPECIFIC LESION OF THE TONSIL.—A case of *chancre of the tonsil* has recently occurred in my practice:

A young man, twenty-four years old, was brought to me for diagnosis of a papular eruption of the face and body. The efflorescence proved to be a papulo-squamous syphilide. The patient strenuously denied ever having had a sore on the penis, but said that about two months before he had suffered from an ulcer on the tonsil. The pharynx was congested, the tonsil markedly indurated, and showed the cicatrix of a recent ulcer. The glands beneath the jaw were enlarged.

The mode of infection has remained obscure; the possibility of the young man, who was eminently respectable, having acted as *fellatrix* was not suggested. The diagnosis of chancre of the tonsil was subsequently confirmed by Dr. George Emerson Brewer, of New York, who, I suppose, will report the case in extenso. It is of interest, as the tonsil is an unusual seat of an extra-genital primary lesion of syphilis.—*Va. Med. Month.*

NOTHING is so grateful to a chafed, abraded or irritated surface as a bland, soothing application. Fehr's Talcum Powder is now almost indispensable as a toilet article in "baby's basket." A trial will prove its efficacy.

IT WAS Madame de Stael, and not Ricord, who first said that the condum was "a cuirass against pleasure, a cobweb against danger."—*Exchange.*

The mother-in law of the Mikado of Japan fell ill the other day and 423 doctors were called to treat her. The operating theater of the largest hospital was hired for the consultation—the only room large enough to hold all the doctors. She recovered.

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The Medical Visitor.

A MEDICAL NEWSPAPER.

[Entered at the Lansing, Michigan, Postoffice as second-class matter.]

VOL. XI. CHICAGO, FEBRUARY, 1895. No. 2

TRAUMATIC POPLITEAL ANEURYSM; LIGATURE OF FEMORAL; CURE.

BY HOWARD CRUTCHER, M. D., PROF. OF SURGERY, HERING MEDICAL COLLEGE, CHICAGO.

Eighteen months ago B. F., aged 32 years, received a gunshot wound from a 32-caliber revolver. The ball was fired from a distance of about 30 feet and after passing through a thickness of woolen cloth trousers and cotton drawers entered the right thigh slightly above the inner condyle of the right femur. The leg was numb for some weeks thereafter, but the pain was inconsiderable, and the patient appeared well save for a slight limp. The ball was not located.

About three months after the receipt of the injury the patient noticed a slight "swelling" in the popliteal space. This "swelling" proved to be a tumor which increased upward along the line of the femoral vessels.

I first examined the patient the day before operation and found a tolerably firm, pulsating tumor about the size of a small cocoanut lying precisely along the line of Hunter's canal. The peculiar *bruit* of aneurysm was heard without difficulty; the growth expanded evenly with every pulsation; it was slightly compressible, and its expansion was reduced perceptibly by compression of the superficial femoral. I diagnosed aneurysm and advised immediate operation. The patient objected to this and gave as his reason the fact that he had begun an action at law for personal damages against his assailant and he did not, of course, desire to have the "leading evidence" obliterated by a

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piece of surgery. I made some pointed remarks touching the probability of a corpse enjoying a judgment at law and advised my patient to stop the growth of the tumor and settle legal complications afterward. Two physicians accompanied the patient to the city and they finally prevailed upon their client to submit to operation, especially as I explained to them the strong probability of my being able to remove the danger while preserving the tumor. In fact, the legal phases of the case appeared to be so mysterious and important that I demanded the counsel and co-operation of my friend, Dr. Bayard Holmes, but it was finally agreed that I should come alone the following morning and do whatever was necessary.

At nine o'clock the next day I announced my readiness to begin the operation. The thigh had previously been shaved and scrubbed and wrapped in sterilized gauze. The patient's home physician administered chloroform, which was taken very kindly. I made an incision three inches long over the course of the femoral artery, the cut beginning almost three inches below the ileo-pubic ligament. The femoral sheath was readily located and I opened it without difficulty and exposed the vessel. I passed around the artery a strong ligature of chromic catgut, drew it tight, and closed the sheath with fine catgut. The layers of fascia and the skin were united with continuous catgut sutures and a slight dressing was applied. The entire limb was wrapped in cotton, secured by a woolen bandage. Around it I placed hot water bags and covered all with a woolen blanket. The operation required nearly twenty minutes.

Pulsation in the tumor ceased almost instantly. The ligature was applied well below the profunda, as judged from the size of the femoral at the point of ligature. Within forty-eight hours collateral circulation was well established, although the tumor itself was suspiciously cold long after the toes got warm. Within six days, however, the wound had healed perfectly, the tumor was hard and pulseless, and the leg was apparently as warm as ever. I advised my patient to go home, exhibit his "hard, pulseless evidence" to a jury and then to return here for further operations. Of course, if he should return, I will dissect out the tumor and restore the thigh as nearly as possible to normal appearances.

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In this connection I desire to record the fact that a week ago, while removing a tumor from the groin, I tied both the femoral and saphenous veins and there has been absolutely no apparent œdema in that extremity, while the patient has thus far had an uneventful convalescence.

103 State St.

NUX MOSCHATA.

BY W. S. CRADDOCK, M. D.

In the December number of the *Medical Advance* an article upon this drug appears, from the pen of Dr. J. T. Kent which puts forth and tends to perpetuate a very singular error, as to the source and nature of this medicinal substance.

He says: "The preparation used is the dry powdered root * * * the root is much stronger than the nut, in the same proportions and contains the real medicinal qualities." This is not true and it is quite inexcusable that a teacher should not be better informed upon the very subject of which he makes a specialty and which he teaches.

The root of the nutmeg tree is not an article of commerce, and is not mentioned in any accessible literature as a medicinal substance except in the article spoken of, and in "Hering's Guiding Symptoms." All the symptoms of the Nux Moschata proving, all the knowledge which we possess of the curative powers of this drug is derived from the commercial article nutmeg, which is the kernel of the seed of Myristica Fragrans. The nutmeg tree averages thirty feet in height; has numerous branches and is not unlike, in general appearance, the orange tree, so familiar to travelers in Southern California.

Its fruit is round or oval, smooth, about the size of a small peach, at first pale green, afterwards, when ripe, yellow.

The external cover is thick and fleshy and abounds in an austere and astringent juice. After ripening it dries, becomes leathery and finally gaps open disclosing a scarlet reticulated membrane or arillus which, when separated and dried, loses its scarlet color and becomes the well known condiment Mace. Beneath the Mace is the seed. On cracking this open the kernel of the seed, i. e., Nutmeg, is revealed.

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This it is that was proved by Helbig and from which the tincture is or should be made.

While we are flying in the clouds of the high potencies we must not forget that they rest upon a foundation of the crude drug, and if a mistake occurs at the beginning, all that follows from the X to the DMM must of necessity be wrong. How this error crept into the "Guiding Symptoms" is hard to see, as there were three or more editors. Dr. Hering himself would have been very unlikely to have made such a mistake for he had written a monograph on Nux Moschata and knew all about it. We cannot imagine where Dr. Kent obtained the gratuitous information that "the root is much stronger than the nut."

No one should attempt to teach the homœopathic Materia Medica until well posted in botany and pharmacy.

HOMŒOPATHY IN MISSOURI.

To the Editor:

DEAR SIR—The Missouri Institute of Homœopathy has begun its campaign for recognition by the state government. At a meeting of the Institute in St. Louis in April last, a committee of five was appointed to call upon the state authorities, and urge the granting of such recognition.

The homœopathists will make a strong fight for recognition in the state eleemosynary institutions, more particularly the insane asylums, and for the establishment of a chair of homœopathy in the state medical college in the university at Columbia. The committee is composed of Dr. W. C. Richardson and Dr. W. B. Morgan of St. Louis, Dr. T. H. Hudson and Dr. E. F. Brady of Kansas City. Dr. J. H. Ravold of St. Joseph. They had a long interview with Gov. Stone, and have interviewed many members of the Assembly.

The Institute predicates its demands for recognition by the State, upon the large number of patrons and practitioners of homœopathy in Missouri; estimating that the physicians and patrons pay from one-sixth to one-fifth of the entire taxes in Missouri; those in St. Louis paying one-third, and those of Jackson county one-half of the taxes levied in those districts. What the institute asks, is control of one of the insane asylums

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of the state, and a chair in the medical department of the state university. The concession with regard to the asylum could be made, without legislation, merely by securing the consent of the governor to appoint a controlling number of homœopaths upon the board of such asylum. As to the desired chair in the university in Columbia, a special act would be asked for directing the curators of the state university to appoint a practitioner of homœopathy to such chair.

The homœopaths have reached the conclusion that Gov. Stone will not wish to assume the responsibility of directing the appointment of a member of their school to a chair in the medical department of the state university, and the special committee of the Institute has prepared a bill for early introduction. Even though the governor might consent to take such action as is desired, the advantage so gained might all be undone by the next state administration.

The matter of securing control of one of the insane asylums of the state, the committee thinks, is entirely dependent upon legislative action, and the committee will proceed with moderation, realizing that it will be necessary for them to conduct a campaign of education, and to guard as thoroughly as possible against attacks by practitioners of the allopathic, or regular school. The body of the homœopathic bill already prepared is as follows:

An act to establish a chair of homœopathy in the state university:

Section 1—The board of curators of the state university shall establish and maintain a chair of homœopathy in the state university at Columbia.

Section 2—The instructor, or instructors, in homœopathy shall be adherents of the homœopathic system of practice and shall be graduates of medical colleges having a membership in the International Collegiate Committee of the American Institute of Homœopathy.

Section 3—The fact that there is no instruction being given in homœopathy in the state university creates an emergency within the meaning of the constitution; and therefore this act shall take effect and be in force from and after its passage.

Another bill providing for the setting aside of one of the state

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insane asylums for the homœopaths exclusively, is being prepared and will be introduced soon.

The outcome of this effort to secure a fair distribution of state patronage is anxiously waited for.

Yours very respectfully,

WM. C. RICHARDSON, M. D.

HOMŒOPATHY IN WISCONSIN.

A writer in the Minneapolis *Homœopathic Magazine* for January says:

"Some months ago a prominent professor in an adolescent but ambitious Chicago medical school unceremoniously hurled a bombshell into the ranks of Wisconsin's homœopathists, by evolving a circular letter embodying the surprising statement that homœopathy in this particular state is, crab-like, progressing backward. He claimed the number of its practitioners to be smaller now than twenty years ago. He called attention to the profession's apparent inertia, wondered why this is thus, and naively concluded with the pleasant insinuation that Wisconsin's doctors are either poor homœopathists or poor physicians, or both. With this parting thrust he placidly retired from the scene, kindly leaving his unfortunate reader to sit upon either horn of the dilemma, as he might elect.

"That the number of practitioners in this state has diminished is not a fact, although it is true, perhaps, that it might have grown more rapidly than it has."

It is news to THE MEDICAL VISITOR that a circular letter of the character mentioned had been distributed in Wisconsin. Who wrote it and who circulated it? Now as to facts with which the author of the above quotation seems to be densely ignorant. Boericke & Tafel in 1873 published a list of 151 Wisconsin physicians. In 1885 the number was 226, 1886 221, 1887 224, 1888 215, 1889–90 221, 1891 215, 1892 214, 1893 212, 1894 213, and at the present date 210.

If one looks back twenty years there has been quite an increase but not commensurate with the increase in population. Comparing the figures with ten years ago there has been a small

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loss. No other state in the union exhibits such figures and there must be a cause for it.

The best thinkers lay it entirely to the nonsensical and unfair Sherman test of some years ago, in which it was undertaken to prove that there was nothing in the 30th potency, thus giving the lie to Hahnemann and to thousands of investigators since his time. This test was made public and the intelligent layman and allopathic opponent made the most of it and the school in Wisconsin is still suffering from this cause. There are as good homœopaths in Wisconsin as anywhere else, but they have had a big load to carry. Now let them go to work and demonstrate that there is something in the 30th, and confirm the opinions and experiences of Hahnemann, Hering, Dunham, Wolf, Bonninghausen and hosts of others. Mongrel practice soon turns the homœopathic layman to the regular school, and unfortunately there has been more of it in Wisconsin (probably owing to the excessive number of foreigners) than in neighboring states. Endorsement of Koch's Cure, Antitoxine, Keeley Cure, etc., the advertising (in a Chicago paper) of a sure cure for this thing or that, and the belittling of a brother physician who does try to cure with a potency above the 3d, all help to keep the school down.

If there are physicians in Wisconsin whose names are not in THE MEDICAL VISITOR list send their names in and they will be added. Take some interest in the school, its societies, its journals, its colleges and everything pertaining thereto. This is intended to apply to physicians in every state and not to Wisconsin alone.

HERING COLLEGE.

The London *Homœopathic World* for January, 1895, says:

"The faculty of Hering College is acknowledged by outsiders to be composed of the ablest physicians in the West, men and women of tried and proved skill in their various departments—those who have for many years been foremost in the profession *as healers* of the sick and suffering. In my previous papers I have said the American homœopathic schools, taking general subjects only, are as good as our own. The homœopathic schools, besides teaching everything connected with the human

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frame, teach (thanks to Hahnemann) *how to cure the sick:* the allopathic schools teach everything about the human frame, the cause and nature of disease, but having no law to guide them *cannot* tell *their* students *how to cure the sick.* The consequence is they graduate and go into practice absolutely without a guide, groping in the dark, trying every new thing, and failing so often that it is a common thing to hear them say they give little or no medicine, but *trust to nature*—in fact, doing what they say the homœopath does. Imitation is the sincerest flattery.

"If the homœopathy of Hahnemann alone were taught in all its purity and simplicity by all the homœopathic schools, as it is by the Hering College, we should soon have such success that the old allopathic system, if we can call such chaos a system, would soon be a thing of the past.

"The principles of the Hering College will be found in, as I have already said, the Hahnemann *Organon;* they do not consist in the theory of potency high or low, *but in the manner of selecting the remedy.* Hahnemann made his wonderful record for homœopathy in the treatment of both acute and chronic diseases with remedies varying from drop doses of the tincture to the 30th potency, and his true followers do the same. The student, taught how to select the remedy and how to apply it, has no need to alternate or palliate. In this field, so far from being crowded, the Hering Medical College stands alone."

BOSTON DISPENSARY.

A comprehensive and interesting report was presented by Dr. I. T. Talbot, secretary of the Boston Homœopathic Medical Dispensary at its thirty-ninth annual meeting, held January 9. Appropriate resolutions were passed concerning C. G. Chase, vice president, and D. G. Woodvine, trustee, both of whom have died during the year.

From the report of the secretary it is learned that the dispensary has been established thirty-eight years, and in that time its work has steadily increased. It has treated 275,302 patients and administered 750,979 prescriptions. In the past year its work has been larger than ever before. It has taken care of 18,183 patients, who have received 53,506 prescriptions.

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There have been 2,922 patients visited in their homes with 12,-363 visits. There have been 43 deaths. The number of confinement cases treated has been 222.

The following named were elected officers for the ensuing year: F. A. Dewson, president; Lewis G. Lowe and Alden Speare, vice presidents; J. Wilkinson Clapp, treasurer; I. Tisdale Talbot, secretary; Chester Guild, Russell S. Codman, Mrs. F. R. Allen, Miss Alice Ahlborn, Mrs. J. H. Thorndike, Mrs. A. J. Baker Flint, Herbert C. Clapp, Alonzo Boothby, A. L. Kennedy, J. P. Sunderland, S. H. Blodgett and A. Howard Powers, trustees.

HOW OUR SERVICES ARE APPRECIATED.

Dr. F. O Pease over two years ago prescribed for a lady and her child, and so successfully that the husband thanked him heartily. In due time the doctor sent in his bill, and waited patiently. *Six months* later he received the following letter:

Dr. F. O. Pease: Chicago, Jan. 13, '93.

DEAR SIR—The enclosed bill would have been paid six months since had it not required just that amount of time for me to make up my mind to pay $2.00 for two powders procured at your office at one and the same time by Mrs. C.

Yours truly,

———.

The writer of the above letter considered his own time and skill worth about $2.00 for six months, and hence thought the doctor's bill excessive.

The editor recalls an instance where the patient considered the services rendered of no value whatever.

One evening an Irish lady entered the office and said that she had injured her finger—in fact a window had fallen upon it. After examining the injured member she asked:

"Is the finger broken?"

"No."

"Is it out of joint?"

"Certainly not."

"What shall I do for it?"

"Bathe it in a little arnica and water."

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She then started to leave the office without giving name or saying anything about payment.

"Hold on, you have forgotten my fee."

"Fee for what?"

"For answering you three questions. I told you your finger was not broken, that it was not out of joint, and that you should bathe it with arnica and water."

"But you gave me no medicine. I never paid before when I got no medicine."

However, she paid and departed an angry woman. A lawyer with the knowledge sufficient to answer three as important questions would have demanded at least $25, and I was happy to receive the one which was begrudgingly given.

If I am not mistaken it was Dr. Waters who was summoned to an obstetrical case and arrived after all was over. The nurse had cut the cord and taken the proper care of the child, but had neglected to remove the placenta. The doctor attended to this, saw that the mother was comfortable and that the child was properly dressed and left the house. Later he was notified that he need not call again as the nurse could take care of the patient. When the doctor presented a moderate bill for his services payment was refused because he was not present at the birth and the nurse had done all that was necessary.

There is one service rendered in a large city that is almost never paid for, even with thanks, and that is street accidents. A man is run over and the witnesses rush for every doctor in the neighborhood, and the one who arrives first seldom gets thanks for his pains.

Speaking of rushing for doctors, some years ago a young man came to the editor's office and said that Mrs. C. (a prominent society lady in the neighborhood) was being confined and needed assistance. Upon stating that I was not her physician, he replied that her physician was out of town, and that she wanted me, and wanted me in a hurry. I seized my hat and started at once. I met one or two physicians on the way who smiled as they passed by. Upon arriving at the house, the servant asked my business and told me no one was ill there.

Mrs. C., leaning over the banisters, said: "Doctor, can you tell me the meaning of this? You are the seventeenth physician

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who has been here this evening." On my way home I met Drs. Merriman, Brooks and others hastening to the house and it was my turn to smile.

HINTS.

Have you tried China, high, for the grip symptoms this year?
Ipecac for whooping cough?
Stannum for prevailing neuralgia?
Sanguinaria for the colds?
Ledum for rheumatism?
Phosphorus for the wintry diarrhœas?
If not, look them up.

BOOKS.

With the close of the year came the *St. Louis Journal of Homœopathy*, an illustrated magazine of 32 pages, published by the Shultz Publishing Co., and edited by Dr. W. A. Edmonds and J. M. Kershaw. The initial number promises well, but why is it that in St. Louis a new medical journal is started every few years to die and be succeeded by another? We do not know that any medical paper has died lately but one naturally looks for such a catastrophy upon the appearance of a new venture. We hope this neat monthly publication will continue longer than any of the former publications.

The *Journal of Medicine and Science*, the official organ of the Maine Academy of Medicine, sprang into existence about the same time, and while not confining itself to the transactions of the state society, will make them an important part of its pages. Dr. E. E. Holt is editor-in-chief but he is assisted by 58 others. Copy should always be in hand in that office. The monthly number opens with two original articles on Intestinal Anastomosis, and then follows the discussion by members of the society.

Homœopathic League Tract No. 51, on Homœopathy in America.

It is doubtful if more unreliable statistics were ever brought together in such a small number of pages. It is hardly worth while to correct them. Chicago physicians certainly would

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laugh at being told that the *Clinique*—a college publication—is the chief organ of the Chicago homœopaths. The secretary should submit proof to some one on this side of the water for correction.

Homœopathic League Tract No. 52. The propaganda of Homœopathy,

The December number of the Denver *Journal of Homœopathy* looked as if it had been on a spree. Some pages were jet black, others pale, and some off-set.

Report of the Calcutta Homœopathic Charitable Dispensary for the year 1893-94; No. X. Calcutta: Printed at the Newton Press, 79-3 Cornwallis Street.

Sir Francis Bacon's Story discovered and deciphered by Orville W. Owen, M. D. Howard Pub. Co., Detroit and New York, 1894.

That such tawdry drivel as is contained in this book was concealed in the plays of Shakespeare is totally unbelievable. Shakespeare's plays would be a brave casket for such a lot of dreary nonsense. That such a book or series of books finds readers, publishers, or author is one of the freaks of this *fin de siecle* menagerie, in which we are all disporting ourselves.

K.

The Columbia Desk Calendar. For ten years the desk calendar issued by the Pope Manufacturing Company has held a unique place among business helpers. Each daily leaf during that time has taught its quiet lesson of the value of better roads and outdoor exercise, and especially the benefits of bicycling. The calendar for 1895, which is just issued, is even brighter than its predecessors in appearance, as clever artists have added dainty silhouette and sketch to the usual wise and witty contributions that have heretofore given this popular calendar its charm. It can be had for five 2-cent stamps from the Pope Manufacturing Company, Hartford, Conn., or from any Columbia bicycle agency.

Reprints by Thomas H. Manley, M. D., Visiting Surgeon to Harlem Hospital, New York. 1. Surgical Treatment of Tumors of the Neck. 2. Tuberculosis in the Ano-Rectal Region. 3.

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The Pathology, Symptomatology and Treatment of Hemorrhoids, Simple and Complicated. 4. Surgical Therapy of Rectal Cancer. 5. Contusion of the Abdomen, with Rupture of the Thoracic Duct.

Cystic Goitre with Cases in Practice. A. Britton Deynard, M. D., New York. Reprinted from the *Medical and Surgical Reporter*.

From the *Post-Graduate*. Rest in Bed as a Resource in the Treatment of Chronic Non-Suppurative Catarrh of the Middle Ear. By A. Britton Deynard, M. D.

The *Park Gazette*, Vol. I, No. 1. This is Dr. King's new venture and is published in the interest of the settlers at Oak Glen, a new suburb 17 miles from the city. It is filled with local notes of interest to the dwellers in this New Jerusalem. The assistant editor is J. B. Synnestvedt, B. L., who writes the notice of Dr. King's lecture on "The Brain," while Dr. King praises the assistant editor's baby. Long may the *Park Gazette* continue to help while away the after-dinner hour.

E. B. Treat, publisher, New York, has in press for early publication the 1895 International Medical Annual, being the thirteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of thirty-eight distinguished contributors and specialists, from America, England and the continent. It will contain the progress of medical science in all parts of the world, together with a large number of original articles and reviews by authors on subjects with which their scientific reputation is identified. In short, the design of the book is to bring the practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be freely used in elucidating the text. A most useful investment for the medical practitioner. The price remains the same as heretofore, $2.75.

The *Colorado Climatologist* is among the new journals of the

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last quarter of 1894. It is a neatly printed magazine of 26 pages and appears on the 15th of each month. The number before us (December 15) contains seven articles on Phthisis. Dr. Chas. Manly of South Denver is the editor and the price is $2.00 per year.

Gentry's Record of the Homœopathic Materia Medica, Vol. I, No. 1, came to our desk in January. It is to be issued in monthly parts at $3.00 per year. This is to be, according to the editor, a sort of reformed materia medica, or at any rate to be different from others. And it is, for we find *Herring, Calcaria, bergundy*, etc., faults of the proof-reader possibly but probably of the writer. It is hardly likely that the publication will be a success. The college "ads" are rather amusing, for instance: "Prof. Sanitary," "Prof. Phys. and Dormat.," "Prof. Prac. Med. and Dis. of Chest, Climate." Hire a new proof-reader. B.

Address delivered at the opening of the fourth session of the Southern Homœopathic Medical College, by J. B. Gregg Custis, M. D., Washington, D. C. Reprint from *Southern Journal of Homœopathy.*

Sexual Neurasthenia, Its Causes, Symptoms and Treatment, with a chapter on Diet for the Nervous by Geo. M. Beard. A.M., M. D. Edited with notes and additions by A. D. Rockwell, A. M., M. D. Fourth edition. New York. E. B. Treat, 1895. Price $2.75.

This valuable book is somewhat marred by the author's determination to include every functional disease in the universe as a phase or symptom of neurasthenia. This blanket diagnosis has been so frequently adopted by doctors, and from them by the laity, that its inconvenience and inapplicability have already been felt, and a desire for more particular and satisfactory diagnoses has grown up. To class every disease from hay fever to oxaluria under one head has a tendency rather to obscure, than to enlighten the mind of the student.

Neurasthenia (nervous exhaustion) means a diminution of nerve force below the point necessary for the maintenance of health. To make neurasthenia co-extensive with nearly all functional diseases whatsoever, as the author does, is to perpe-

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trate a truism almost as bald as this: Disease is due to a lack of health.

Why stop at the nervous system? Nerves receive their nutriment from blood; why is not all disease due to bad or poor blood as the advertisements of the patent medicine men say it is? Why not ascend higher or farther back for the origin of disease, say to the Animal Spirit of the older physiologists, or still better to the Simple Fibre of Aristotle. In pathology we are constantly mistaking effects for causes. Effects succeed other effects in a series, as the successive fall of a row of dominoes. When the first is knocked over the others all follow in succession. Any particular domino, which the limitations of our vision compel us to select, we call a cause, when in truth it is simply one of a series of results.

The principles of diet advocated are peculiar; well-ascertained rules and regulations are set at nought by them.

They are founded upon the following three propositions:

1st. Living beings feed on that which is below them in the scale of development.

2d. The best food for man is that which is just below him or nearest to him in the scale of development.

3d. Food is difficult of assimilation for man in proportion to its distance below man in the scale of development.

According to the second proposition, a diet of monkey meat is the best food for man. Everyone knows that monkey meat is not indispensable to man's health or happiness; that it is not the best food for man, and yet the second proposition leads to no other conclusion, unless it be to cannibalism, which is still worse.

If the third proposition is true, then beef should be more digestible than oysters, and immensely more digestible than baked apples, but most unfortunately for the health of this proposition the reverse is true.

Pages of hard, uncontrovertible, well-known facts could be cited which prove these propositions to be founded upon a falsity, but such an essay would be unreasonably long for a book review.

Some parts of this book look furiously like an effort to catch the attention of the laity, which is something of a defect, but

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notwithstanding the several objections here mentioned it is a valuable work because of the reports of cases which it contains and the excellent descriptions of several common forms of sexual debility, forms which all doctors are sure to meet with.

K.

Essentials of Homœopathic Therapeutics; being a Quiz-Compend upon the application of Homœopathic Remedies to diseased states, arranged and compiled especially for the use of students of medicine, by W. A. Dewey, M. D. Philadelphia, Boericke & Tafel, 1895.

The happy plan of question and answer developed by the author in his Essentials of Homœopathic Materia Medica is here followed out in relation to Homœopathic Therapeutics. These subjects consist of an enormous number of symptoms arrayed one after another without salience or emphasis, and the youth who attempts their study unaided will likely be driven to drink or insanity. The whole art and mystery of teaching consists in giving proper emphasis to certain points, and allowing many details to lie in shadow.

The eminent and peculiar merit of both these books lies in this fact, that they teach the important things of their subjects in a way to make them take hold of the memory, and do not obfuscate the mind by an interminable and monotonous list of symptoms as characterless as the sands of the Sahara.

We wish we had thought of this method before Dr. Dewey, but as we did not we shall have to congratulate him upon his success, and prophesy a large sale for his book.

Gentry's Record of the Homœopathic Materia Medica, Vol. I, No. 1. Chicago, Jan., 1895.

This work is to be issued in monthly parts of from 24 to 112 pages, "giving the proper Latin, Greek, German, French or Indian and the common name of every drug known, together with the source and all necessary facts regarding its collection and uses."

That more attention should be paid to the natural source or origin of drugs by homœopathic teachers and students is well shown by the error in regard to Nux Moschata, referred to and corrected in another part of this number of the VISITOR. Hering's Guiding Symptoms has many errors, inaccuracies and

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omissions in regard to the crude drugs from which our attenuations are derived. It is promised that this work is going to do better in this respect, but more care should be taken in the succeeding numbers, for in a very casual reading of this first number we noticed the words Hering, colliquative, indigenous, Burgundy, complementary and calcarea misspelled; most of these may fairly be charged to the proof-reader, but some of them are several times repeated. The botanical name of southernwood, artemisia abrotanum is indicated but not plainly stated, and in no case is the source of the proving mentioned, nor do we notice any German, French or Indian names of drugs, as promised in the introduction. K.

The History of Medicine, by Roswell Park, M. D., Professor of Surgery, University of Buffalo.

This embraces not alone the history of medicine, its evolution and progress from the earliest times down to the present, but likewise deals with mythological factors, and the political, religious and philosophical issues of the science.

Delivered in Alumni Hall, Medical Department of the University of Buffalo, during October, November and December of 1894, these lectures will now appear exclusively in the *Medical Age* of Detroit, beginning with the issue of January 10, 1895.

GOSSIP.

Dr. J. B. S. King has another baby—the seventh. No flowers.

The Missouri Institute of Homœopathy at its last annual meeting appointed a committee to formulate a plan for disseminating among the people the doctrines of homœopathy. After propositions from various sources and after carefully considering the advantages and disadvantages of each, it concluded that its best medium was the Kansas City *Journal*, a paper with a circulation of 35,000. In the Sunday issue of this paper it has secured one column, to be devoted to the propagation of the homœopathic doctrine.

One of the Chicago Homœopathic colleges has been sued for damages because it refused to admit a student who was alleged

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to be immoral and possibly criminal. All honor to the college that takes such a stand.

The society editor of THE MEDICAL VISITOR received an invitation to the marriage ceremony of Susovini Mujumdar, daughter of Dr. and Mrs. P. C. Majumdar, to Mr. G. C. Sarma, which happy event occurred December 9, 1894, at Calcutta. Unfortunately the invitation was received too late to accept, and thus the editor was deprived of a great pleasure. Congratulations to the happy pair.

Bound volumes of THE MEDICAL VISITOR for 1894 can be obtained for $1.40. By sending back numbers and 40 cents, physicians can secure the bound volume.

Quite a number of Chicago physicians (mainly of the old school) have been victimized lately by an insurance agent. The agent promised on condition that the doctor would insure his own life he would be appointed medical examiner for his section of the city. Thirty dollars was the price demanded and just the amount each doctor lost, for the money was deposited in the rascally agent's pocket and never reached the company he claimed to represent. Look out for him elsewhere now that he is exposed in Chicago.

The next meeting of the Homœopathic Medical Society of Chicago will be held at the Great Northern Hotel on the evening of February 6. The attendance at the meetings is so large that new quarters had to be sought. Seats can now be furnished for about two hundred persons. The papers to be read are entitled: "Abnormal Non-hemorrhagic Uterine Discharges," by Dr. E. S. Bailey, and "Salpingitis—its Medical and Surgical Treatment," by Dr. C. E. Fisher. Sessions commence at 8:30 sharp and end at 10:30. All are invited to participate in the discussion of these papers.

If January 1 follows January 10, then THE MEDICAL VISITOR is copying *The Medical Century*. The diphtheria number of the VISITOR appeared ten days before the *Century* was issued, and the latter contained, by the way, one of the VISITOR'S articles—Dr. Duncan's case.

President McClelland of the American Institute of Homœop-

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athy has appointed W. Tod Helmuth, M. D., a member of the Hahnemann Monument Committee, to fill the vacancy created by the decease of J. P. Dake, M. D.

From time to time sample copies of THE MEDICAL VISITOR are sent out. It will not be sent regularly unless paid for.

Deaths to be Added to 1894 List.

Nov. 17, Dr. C. S. Jones of Chicago, aged 38.
Nov. 23, Dr. Denton G. Woodvine of Boston, aged 60.
Nov. 30, Dr. Louis A. Bull of Buffalo, aged 37.
Nov. 27, Dr. Wm. M. Wilkin, San Antonio.

1895.

Jan. 9, Dr. Helen Heath of Chicago.

NOTES AND COMMENTS.

Food says: "A leading homœopathic journal has recently declared that the homœopathic profession has some lessons to learn, and it needs to learn them quickly. In these latter days of grace, the public is noting that in public affairs the homœopathic school is invisible, or nearly so. It expresses no opinions on sanitary matters, it solves no hygienic problems, it gives no public instruction, it is interested in few public institutions, in short, it has little as a school to do with public medicine." That is all left to the regular school which has its fads to perpetuate upon the public from time to time. The homœopathic school has no public institutions because the old school fellows have got hold of the teat and are sucking it for all it is worth. The homœopathic physician is too busy saving lives and repairing the untold misery entailed by the administration of deadly drugs given by men who have not the slightest idea how they will act in a curative way. The old school has learned some lessons from the homœopathic and will learn more before it is successful in permanently relieving suffering humanity.

The following item has been floating around for some time without correction:

"FEMALE PHYSICIANS.—According to recent statistics there are about 2,000 women in this country who are practicing med-

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icine. Of these only 130 are homœopaths. Most of these medical women are general practitioners."

In Chicago alone there are 105 women practicing homœopathy, in Boston over 20, in New York over 100, and in the United States there are over 600 women engaged in dispensing little pills. "Good thing—push it along."

The *Pacific Coast Journal of Homœopathy* has not been received at this office for several months. Wonder if it has died of starvation! The Californians ought to be able to keep one journal going.

The use of hypodermic injections of sheep's brains looks like a mutton-head notion, but they are recommended by an eminent bacteriologist as a cure for epilepsy.—*Philadelphia Ledger.*

If the injection of hog's brains would prove a remedy for pig-headedness "it were a consummation devoutly to be wished." but the injection of animal substances seems to be a mutton-headed notion and nothing else.—*Detroit Med. Rev.*

What is the matter with bull's brains for simple, uncomplicated bull-headedness? Or cat's brains for kittenish young ladies?

CLIPPINGS.

MICROBES IN NORMAL URETHRA OF WOMEN.—Dr. N. Garousky records the result of a large number of examinations of the healthy female urethra. Out of sixty-two cases, there were positive results in fifteen, i. e., 24 per cent; streptococcus three times; staphylococcus piogenes aurens eight times; st. piogenes albus once; bact. thelocideum Gessner once; bact. coli communis twice. The occurrence of the last is noteworthy, as its existence in cases of cystitis is well known. The author's negative results are also interesting, none being found in some cases of para-and perimetritis, in one case diagnosed as gonorrhœa; or in three cases of pregnancy.—*Journal of the Royal Microscopical Society, London, Eng.*

VAGINAL SECRETIONS IN PREGNANCY.—Konig (*Amer. Jour. Obstet.*) states that he has found in the lochia the streptococcus most frequently, and but seldom the staphylococcus aurens, and never the staphylococcus albus. After considering minutely the reaction of the vaginal secretion, which in 300 pregnant

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women he found to be distinctly acid, he concludes that in pathological conditions the secretions attain a much higher degree of acidity, so that the streptococcus pyogenes can hardly thrive therein; at least he was unable to obtain cultures of this germ. He further concludes that the vaginal secretion of every untouched pregnant woman contains nothing pathogenic, the thrush or gonococcus germ excepted. Both are bacteria which upon the usual media of culture are acrobic at the body temperature. The vagina of every untouched pregnant patient is therefore aseptic. Vaginal injections of antiseptics are dangerous in the ordinary patient, as they may chemically lessen the resistance of the tissues to bacteria, and increase the intensity of septic endometritis by washing bacteria into the uterine cavity.—*Medical Standard.*

ANTITOXINE.—Mention of which was made in the October *Pharmacist*, is the new remedy, lately introduced from Germany, for the cure of diphtheria. It is prepared by cultivating virulent diphtheria bacilli in a prepared food for about three weeks. This is then diluted with Coram's solution and injected into a horse in repeated and increased doses. In about two months the serum from the horse may be used to immunise human beings. It is given hypodermically, and the dose varies from 5 to 10 C. C. (1½ to 3 drachms.)

The reports from this remedy are, so far, generally favorable, and many cures are reported from its use. This fad will run its course with the medical profession, like "blue glass"; and the injection of sulphuretted-hydrogen gas, via rectum, for the cure of consumption; and the injection of testicular juice as a rejuvenator of old age. In spite of the fact that only good reports are heard of it now, it will soon be forgotten, and in a couple of years will be looked upon as a great humbug, just as Koch's Lymph—Tuberculin—is looked at now.—*Ind Pharm.*

It seems that we were "entirely too previous" in believing that the diphtheria antitoxin would escape the rocks that wrecked Koch's Tuberculin and Pasteur's anti-rabietic virus. Already the newspapers are exploiting it as a cure-all, incompetent men, medical and otherwise, are "experimenting" (the nigger word *projicking* would be more fit) with it, quacks are pretending to use it, and at least one pharmacist, in New York, has been detected in selling a spurious article. Under the circumstances, it will be a marvel if it survives the ordeal.—*National Drug.*

Opposition to the use of the antitoxine treatment for diph-

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theria has already taken an organized form in England. A deputation headed by Lord Coleridge has protested to the authorities against its use in the hospitals on the ground that "public money ought not to be devoted to experiments in psychology."—*Ex.*

About 14 per cent of the entire number of medical graduates drop out of the profession within a few years. Some few never practice; others are tempted by better inducements into other fields of work; some are driven to suicide on account of failure; others succumb to contagious diseases; still more lose their health on account of exposure to inclement weather and accident, or on account of mental anxiety. Among these we must include those who become insane or who contract the alcohol, morphine or cocaine habit. Worse than all else, a few are driven into quackery. Anyone may make a mistake in the choice of life work, and it is no discredit to abandon practice. There are plenty of honorable employments for unsuccessful physicians; there are schools to teach, merchandise to sell, drugs to dispense, news to gather; at any rate there is coal to shovel and wood to saw. It doubtless seems a pity to sacrifice the investment of three or four years' hard work in the study of medicine, but it is cheaper than to sacrifice honor and prostitute medical science to quackery.—*Chicago Herald.*

THE CAUSE OF INGROWING TOE-NAIL.—Most authorities, says the Paris correspondent of *The London Lancet*, August 25, state lhat this condition is due to the pressure of tightly fitting boots. Dionis, however, has observed this disease in unshod monks, and Binaud in bedridden tuberculous patients. Poucet, of Lyons, has shown that persons of lymphatic temperament, in whom the big toe is thick and the corresponding nail flat and small, are particularly subject to ingrowing of the nail. But the disease is frequently seen in the robust, in whom the great toe has been deviated from its normal direction by narrow-pointed boots. In these cases, however, M. Regnault ascribes the morbid condition of the nail to injury, such as a blow, combined with want of personal attention, which allows the culture in the groove of ordinary pyogenic microbes. Interrogation of the sufferer will often bring to light the occurrence of a contusion of the nail, followed in a few days by suppuration at the external groove. Taken in time, these cases are easily treated by means of carbolic footbaths and antiseptic dressings.—*National Drug.*

Unschuld calls attention to an early symptom of diabetes,

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which is seldom mentioned by writers on the subject but which is yet frequently found, and may assist in an early diagnosis of the affection. This symptom consists in cramps in the calves of the legs, and is found in about twenty-six per cent of all cases. The pains occur with especial frequence in the morning upon waking, and occasionally also during the night, when they are usually accompanied by a desire to urinate. They are rarely troublesome in the daytime, unless after a nap or a bath. Cramps of this nature, occurring in a person in feeble health, should always, Unschuld holds, suggest the necessity of an examination for sugar.—*N. Y. Med. Record.*

(1) Renal albuminuria, as proved by the presence of both albumen and casts, is much more common in adults quite apart from Bright's disease or any obvious source of renal irritation than is generally supposed.

(2) The frequency increases steadily and progressively with advancing age.

(3) This increase with age suggests the explanation that the albuminuria is often an indication of senile degeneration.

(4) Though it cannot be regarded as yet as absolutely proved, it is highly probable that faint traces of albumen and hyaline and finely granular casts of small diameter are often, especially in those past fifty years of age, of little or no practical importance.—*The Pacif. Rec.*

THE MEDICAL COWARD.—The discussion of the danger of the communion cup has raised quite a tempest in a teapot among those who are always going to, but never do, get hurt.

So long as the discussion appeared in the light of a joke we refrained from entering into it; but so many seem now to be writing seriously upon the subject that actual fear has overcome a few communicants. This is only one more illustration of how susceptible hysterical persons are to apparent conditions.

One physician saw a person next to him, whom he knew to have syphilis, drink from the communion cup. This one case is going the rounds until it is in danger of being magnified into a thousand.

Those who read and are anxious for some excuse will stop taking communion. Those who have faith in God will continue to obey his explicit commands.

When it comes down to a matter of danger physicians are exposed to it in various forms every day of their lives. Diphtheria is more communicable than syphilis. No physician desires either, yet, what ridicule would one deserve who was afraid to go into a room with the germs of diphtheria! How could such

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a man ride behind a spirited horse, or travel by electric or steam car, or open a sac containing the streptococcus pyogenes, or trim his nails with a knife with which he had peeled fruit (now said to contain poisonous germs), or shake hands with his acquaintances (since the bacteriologist has set the seal of danger upon this custom) or accept paper money, since the yellow fever germ was found on a ten dollar bill, or kiss his child which was kissed by some visitor, or withstand the attack of a fly which *may* have just come from a septic patient, or walk for fear of getting tuberculous sputa on his shoe and carrying it to his own carpet, or breathe in a street car which carries, in twenty-four hours, all kinds of diseases, or drink water which has not first been treated with a germicide? What kind of a man would he be? Watch him as he battles with a fly which he thinks may possibly have come from a tuberculous patient. He makes a faint resistance but soon tucks his tail and runs. Oh, miserable wretch! What is life worth to you? Out of all this grand and beautiful universe there is nothing you can enjoy. To you, the pure, fresh, bracing morning air contains a hidden foe. To you, the cheerful, kind, honest friends and acquaintances by whom you are surrounded are infected with poison. To you, the life-giving principles with which your God has so bountifully blessed you are agents of death and disease. To you Beauty wears a mask, and Goodness a cloak, and Honesty is dead, and Knowledge is ashamed of you who deny your Maker. The presumption you show in attempting to teach—you haven't enough faith even to obey. Call upon the rocks to hide you.

Coming back to the danger of the communion cup, we are willing to acknowledge some danger to the faithless, but even to him it is so infinitesimally small, when compared to those with which we are constantly surrounded, that the man who shrinks from this duty (except in some exceedingly exceptional case) deserves to be branded as a moral and physical coward. At least let it first be proven that disease has been contracted from this source, before it is condemned. There are so many people who tussle with the bridge before they reach the river, that medical men, who are supposed to have good, sound common sense and a fair share of courage, should not be constantly "booing" at them.

The first thing the bacteriologist knows the world will be suspecting him of progressing backward. The thing is now in danger of being carried to as great an extreme as has appendicitis. Let's have less of this swallowing a camel and straining at a gnat. The communion cup has come to stay. Let those who are afraid pin their faith to their own wisdom. We have always known that it takes some courage to be a Christian and

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a physician, but this is one of the least ways in which it is manifested.—*Medical Progress.*

THE BOASTFUL PHYSICIAN.—It is often painful to learn how small an estate a physician has left his family, when he was so generally recognized as a doctor who had an immense practice. In fact, we are often even more pained to learn that he has left his family in debt. When living, this doctor may have often boasted of his large income and made all his more frank professional brothers envious of his success. Dr. Gaillard says that these boastful doctors do an injury to themselves and to their fellow practitioners by following such a course. He says that if a professional man has the reputation of receiving a very large income it renders the collection of his bills much more difficult. This is all the more unfortunate when we remember that there is a very general impression that the professional man is overpaid. We reported once to a friend that a certain physician had just informed us that he had collected $1,500 that month, when this friend replied he guessed then he would call upon said physician and obtain from him money advanced to him to pay his monthly gas bill! This is too often the case, we fear. We believe physicians make a great mistake when they report to their associates the enormous fees they have just received, or the large collections they have recently made, unless, as Dr. Gaillard says, "it is accompanied by a proper explanation that such is an exception." A physician once informed us he had just collected a bill of $1,100. This seemed to us altogether out of proportion to what we believed was his annual income. Later explanation, however showed that this was a bill for medical services to a large family for a period of seven years, and that owing to a death an estate was so divided that, greatly to the surprise of the physician, he found he could get his pay for these long years of service. If we would all of us come down from our high pedestal and be more frank with each other there would be less tales of the "Arabian Nights."—*Food.*

INSANITY NOT ON THE INCREASE.—People who worry themselves about their nerves may take heart of hope. Dr. Clifford Allbutt, regius professor of medicine at Cambridge University, says the reports of an increase in nervous diseases and insanity are all nonsense. The hurry and bustle of modern life have no more effect on the nervous system than the alleged slowness and deliberateness of the past. Probably increased knowledge sees disease for the first time which has always existed. Nerve spec-

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ialists and machinery for the toning of nerves are multiplying daily, says the professor, but rich idle people are increasing in numbers, and they run, as they always did, after the fashionable fad of the day. What was "liver" fifty years ago is "nerves" today. It is pretentious nonsense to claim that people's nerves are too sensitive, too excitable. It is the virtue of nerves to be excitable, the more excitable they are, the more efficient. He was glad that nature is stronger than the faddists, and that there is a fund of elasticity and insouciance in healthy youth that, blunder as we may, we cannot crush. Dr. Allbutt's position on this topic has led to much discussion. A great many eminent men agree with him, but the nerve specialists are up in arms against what they term his antiquated and destructive theories.

The Chinese have queer ideas about monstrosities and their right to dispose of such freaks. A woman at Woo-Foo, province of Lukion, recently gave birth to a child having four perfect eyes. The family were very greatly exercised over the matter and tried to get the priest to kill the monster. This he refused to do, telling them that the best way to guard against the recurrence of such a calamity was to exhibit it in a cage on the streets for a few days. The priest stated the length of time that would be necessary to make a public show of the monster in order to propitiate the evil spirit that was responsible for the freak, and when the time was up the mother coolly drowned her four-eyed offspring in a tub of water.

TREATMENT OF SEBACEOUS TUMORS.—Many people, the subjects of congenital sebaceous tumors and "wens," object to having them removed, on the score that the remedy is worse than the disease, and the after-consequences may be serious.

The following is the method I have adopted in such cases, and with marked success: With a cataract knife (Graes's) puncture the cyst, and gently squeeze out the contents; then introduce a very small piece of nitrate of silver. On the following day, by means of a pair of forceps, the capsule of the cyst can be withdrawn, just like the shell of a bean, without any portion being left adherent. In no case has there been a return of the growth or any ill effects.

The method, if tried, will be found to have many advantages, aside from its simplicity and thoroughness.—T. Murray Robertson, M. D., in *Brit. Med. Jour.*

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A QUESTION OF OWNERSHIP.—The *Province Médicale* for October 13th says: "Has a tooth that has just been extracted an owner, and, if it has, to whom does it belong? This singular question has been actually submitted to a court at Gera. A person who had suffered for a long time with violent toothache consulted a dentist who extracted the tooth. As it appeared to him to be an interesting specimen, he wished to preserve it and put it into his collection of curious things. The patient, however, claimed the tooth as his property, and, as an amicable agreement could not be established between them, the patient lodged a complaint of fraudulent appropriation against the dentist. The accused demanded the tooth and supported his claim by quoting ancient customs in similar cases. He maintained that when a tooth was extracted it became an object without an owner and that thus it fell into the possession of the dentist; consequently there could be no fraudulent appropriation or any punishable act."—*N. Y. Med. Journ.*

MENTAL DISTURBANCE AS A CAUSE OF ZOSTER.—In the *Lancet* for October 13th Mr. Anthony Roche remarks that there are few diseases more interesting than zoster from a physiological point of view, and states that he has been struck with the frequency of its occurrence after some cause that produces mental depression or anger. This, he says, has been noticed by others, and he cites Bateman and Schwartz as having recorded such instances. He himself has noted the following cases: 1. A woman suddenly received the news that her husband had been ordered to India, and the next morning the eruption appeared on her left side, 2. An old man learned that a firm in which he was interested had failed, and that evening he noticed the spots on his left side. 3. A woman was much distressed at the sudden illness of her son, and on the following morning the eruption was found to have appeared. 4. A child, six years old, of remarkably equable temperament, was sent to bed for disobedience. She cried very much, and the next morning the eruption was noticed on her left side. 5. The author was recently consulted by a woman whose only son was shortly to be married. She complained of pains in her left side and of an eruption, which turned out to be that of zoster. She herself ascribed the rash to grief at the idea of parting with her son.—*N. Y. Med. Journ.*

You can tell a young doctor from an old doctor in the dark, because when you ask the old doctor a question he doesn't answer you immediately, as if he was cocksure.—*Somerville Jour.*

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LIST OF HOMŒOPATHIC PHYSICIANS.

ALABAMA.

Ballard, A. N., Birmingham
Boyd, P. S., Florence

Clapp, W. W., Birmingham

Dearth, J. K., Jasper
De Derky, F. F., Mobile
Duffield, A. M., Huntsville

Henry, J. H., Montgomery

Lyon, George G., Mobile

Meadow, J. M., Anniston
Myers, A. P , Mobile

ALASKA.

Wilbur, B. K., Sitka

ARIZONA.

Belden, Chas. D., Phœnix

Davis, W. J., Morenci

Edmondson, R. H., Clifton

Fenner, H. W., Tucson

Pilling, H. H., Tucson

Tuttle, A. M., Phœnix

ARKANSAS.

Adams, E. E., Big Flat
Ayres, E. D., Little Rock

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The Medical Visitor.

A MEDICAL NEWSPAPER.

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CLINICAL SURGERY.

BY HOWARD CRUTCHER, M. D., CHICAGO.

Case 1.—Hemorrhage.

R. H., aged 22. Slender build; good family history; gonorrhœa six months ago, treated by injections. Presented a dense stricture near the meatus and a very redundant prepuce. Ether. Stricture cut, when a tremendous hemorrhage set in. The bleeding was not controlled by ordinary means, hence an elastic cord was placed around the penis and the circumcision performed. I then removed the elastic cord and prepared to fight the bleeding to an honorable peace. We had our hands more than full. As many as fifteen ligatures were used for the foreskin bleeding, but the capillary hemorrhage seemed to defy all measures directed against it. Hot water, alternate applications of heat and cold, pressure, irritation and pinching were all tried with varying success. It was finally necessary to compress the entire organ before the bleeding ceased. The young man was plainly a dangerous "bleeder." He made a rapid and uneventful recovery. I suspect a tuberculous tendency in his case.

Case 2.—Fatty tumor of neck.

F. L., aged 25, a patient of Prof. T. S. Hoyne. A tumor, the size of a goose egg was located in the diagastric and superior carotid triangles. The diagnosis was lipoma. Tait's mixture. Short incision following the fold of the neck. Tumor carefully dissected out with finger and spud. At one point it was adherent to submaxillary gland. A large vein and some small vessels were removed from the growth without injury. The

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hemorrhage was insignificant. One little artery was ligated. Wound closed by continuous suture of fine chromic catgut. Primary union. A fine line occupies the place of incision.

Case 3.—Fibro-cystic tumor of left epididymis and encysted hydrocele of right cord.

J. S., aged 20. No venereal taint. Had masturbated years ago. A hard growth was felt about middle of left testicle and apparently attached to the gland. On the right side a hard lump, quite small, was apparent. I exposed the left testicle by a small incision and found a multilocular fibro-cystic growth firmly adherent to the epididymis. It was dissected away with great difficulty but none of the delicate structures was injured. The various coats were separately united by fine catgut and the skin was closed with interrupted stitches of chromic gut. The right side was opened in a similar manner and encysted hydrocele evacuated. Cyst walls irritated and stitched together. Union by first intention.

Case 4.—Chronic appendicitis.

Mrs. C. A., aged 26. History of pelvic cellulitis. Pain in cæcal region for a year. Careful prescribing failed to relieve. Ether. Inch and a half incision. Appendix very adherent and bound at a sharp angle by a mesenteric contraction. Ligated base with double chromic gut and buried stump with purse-string stitch. Gave staphysagria after operation. No apparent shock. Recovery in ten days. Wound united without a drop of pus.

Case 5.—Radical operation for inguinal hernia.

Boy of 13. Direct inguinal hernia since second year. Ether. Heavy layer of fat. Exposed pillars of ring. Sac very adherent. Torsioned two small arteries. Sac ligated with heavy chromic gut and returned to abdomen. Silkworm gut now carried through skin, pillars of ring and all intervening tissues and left untied. Pillars united with fine chromic gut. Fascia and skin closed with same. First sutures now tied and wound dressed. Some suppuration from fatty tissue. Advised the use of a pad for six months. Result apparently satisfactory.

Case 6.—Strangulated hernia.

F. C., aged 31. Drinker; history of gonorrhœa. Had worn a truss at intervals for direct inguinal hernia One night, after

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some unusual exercise, the rupture became strangulated. Violent vomiting within an hour. Great pain and much sweat. Physician attempted reduction by taxis. Chloroform. Incision parallel with ilio-pubic ligament following down spermatic cord. Stricture at external ring. Opened sac and found intestine surgically safe. Cut stricture with hernia knife. Radical operation as detailed in Case 5. Prompt recovery. Apparent cure. Advised pad for six months.

Case 7.—Is urine a hemastatic?

T., aged 26. Circumcision. Applied elastic constrictor around root of penis and injected forty drops of 2 per cent. solution of cocaine into prepuce. Amputated foreskin and stitched skin and mucous membrane together with chromic catgut. There was no serious bleeding but the oozing continued in spite of hot water and pressure for more than an hour. Packed with gauze, left it 30 minutes, removed gauze when bleeding commenced again. The gauze had been stuffed evenly around the glands and the prepuce drawn forward. I told the patient to go and urinate and that I would then leave the packing for six or eight hours. He urinated freely, whereupon the bleeding ceased instantly and never returned.

Columbus Memorial Building, January, 1895.

THE RELATION OF TUBERCULOSIS TO THE LYMPHATICS.

BY T. C. DUNCAN, M. D., PH. D., LL. D., PRESIDENT NATIONAL MEDICAL COLLEGE.

That is essentially the drift of the inquiry I have taken. Strange to say I do not find anywhere in any modern body such a subject discussed as tuberculosis of the lymphatics. I do find, however, in nearly all works a reference to the fact that the lymphatics are involved wherever phthisis is located or whatever may be the form.

I want to briefly recall the anatomy of the lymphatics as well as their functions. They can easily be divided into two and may be termed the absorbent lymphatics and re-absorbent. They are usually studied in the intestines. A lacteal is found in the villi of the intestine which the chyme passes into a gland

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or chain of glands and finally the chyle empties into the left subclavian vein through the chyle duct. The re-absorbent lymphatics are best studied in the head. We all know that a nerve accompanies the blood-vessels (arteries and veins) but we do not as often associate a lymph canal with them also.

The blood-vessels are closed conduits and the vis-a-tergo causes the mobile lymph as white blood cells or corpuscles with the serum to be crowded out into the tissues. In that way only are the tissues nourished and replaced. The mobile white blood corpuscles are the tissue builders. The serum and waste product, that try to get into the return current, run alongside of the veins; the lymph corpuscles are crowded aside as bits of leaves and grass and other *debris* is where surface soil is supersaturated with moisture. The running water makes channels. The lymph duct is here made up loosely of white blood cells now drawn in to connective tissue. These interlacing form canals and where they meet we find that the serum passes through the network of united vessels and out on the other side with a better envelope, and so on until the outlet is the subclavian vein. The lymph glands consist of connective tissue or white blood cells regularly and systematically formed.

I have a theory that when their function ceases they may be dissolved and all pass away as when persons lose rapidly in fat. If they can be carried away they may also be reproduced. The only thing that can prevent this transformation is calcareous or other infiltration. It will be seen then if my idea is correct the lymphatic re-absorbent system is a gleaning system, gathering up the waste that nothing be lost, and organizing the lymph into white blood corpuscles. Wherever the system is rich in blood there also we must find lymph currents, and where many of these meet there we must find many glands which increase near the outlets. We find also this lymphatic system is divided into superficial and deep, and where these unite we would expect the floodwood of the system and disease to be manifested. As the absorbent or abdominal glands are most active in early life the victims of tabes mesenterica belong to infant life. As the growth of the brain exceeds that of the other parts of the body in early childhood the victims of tubercular meningitis then exceed those at other times of life.

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The next set of glands to suffer must be those of the lungs, and because those of the left side are retarded by the great systemic current that must first be discharged is perhaps why the glands of that side are the first to manifest disease when the lungs become involved. Now to come to the lung surface if the if the lymph canals and glands are so obstructed that they cannot absorb the mucus then it must be thrown off—expectoration. The persistent diarrhœa of infants directs our attention to tubes so the persistent bronchorrhœa should also warn us that the re-absorbent pulmonary glands are off duty. This condition of the lungs may come about in another way. If the nervous system is weakened and unduly excited the tendency is to accelerate the cardiac action. This tends to increase the pressure on the capillaries and exosmosis results and so a bronchorrhœa may be protracted by what we term nervousness, weakened nerve action. These bronchial glands are most numerous where the blood-vessels are most numerous, at the base of the lung and at the bifurcation of the bronchi. They can be obstructed by calcareous or carbonaceous matter. Where these glands are large the chance for obstruction is great. But it is easy to see that in some persons whose blood is rich in red blood but scanty in white blood that these glands may be small and the serum be taken up by the capillaries. I call such persons "capillary feeders." These atrophied glands may become inflamed and be thrown off as small masses called "tubercle." In such a subject these inflamed glands would compare to the "miliary tubercle;" while the large glands when they break down would be found to be cheesy masses. When the former are thrown off there would be apt to be hemorrhage while the signs of ulceration would be more marked in the latter.

Pathologists recognize two forms of phthisis—fibrous and caseous—and this is the explanation to my mind. It is said that the white blood corpuscles—leucocytes—can destroy the tubercular bacilli. If so, we see the value of a diet that will give a blood rich in leucocytes. If the lymphatic system, especially the re-absorbent, can be expounded, then some cases of phthisis can be cured and this vein explains why. Here is a great problem. How do the bacilli get into the lungs? Dr. Baker of Michigan, elaborating the theory of Dr. Bowdich's,

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that damp soil causes phthisis, believed that the dampness formed the flow of bronchial mucus, and there the bacilli are suffered to find a lodgment and then found their way into the system. If the lymphatic glands were not up to par the bacilli may run the gauntlet. The inference is that they do. If destruction of this glandular system is the pathology of phthisis how do the bacilli become such an active factor? In what manner do they cause the cough, the emaciation, the hectic fever, the high pulse, rapid respiration, and all the phenomena that go to make up a case of phthisis? Can we have phthisis without bacilli as a factor? Persons living in a limestone section must absorb much calcareous salts. We could account for one cause of obstruction and destruction of these glands, and why this disease is so prevalent in limestone regions. If the air was loaded with coal dust this could interfere with these glands. If the air breathed was full of moisture and so retain the exhalation of carbonic acid gas the carbonaceous serum might obstruct these glands and so lead to ulceration.

If inactivity of the lungs leads to absorption of these glands we could understand that this metamorphosis might result in inflammation and ulceration if these glands were obstructed. Lack of nutrition or improper nutrition might give rise to derangement of this system at some point and so cause phthisis. If food enters so largely into the case of phthisis and glandular remedies are most efficient, we are forced, it seems to me, to conclude that tuberculosis is a glandular disease. If the rare air of a high altitude aids nutrition (absorption and re-absorption) then we say the case improves. Improvement in this disease seems almost exclusively gauged by nutrition.

If I have pushed the lymphatic system to the fore, perhaps unnecessarily, I know that you will better understand the import of two cases that I have selected from Ziemsen's great work. They emphasize better than I could the relation of tuberculosis going on in the lungs to tubercular meningitis and cervical tuberculosis.

In this connection I will say that I have made many post mortems of infants' brains at the Foundlings' Home and had a rare opportunity to study the lymphatic system of the head. You know that pulmonary tuberculosis is rarely met in infants.

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But we do meet cases where the whole glandular system seems diseased; there the pulmonary symptoms come in to close the scene.

Girl 15, illness of nine days' duration, following in every respect the usual type (tubercular meningitis). Old cheesy degeneration of the bronchial glands, some of them showing puriform softening at the center. Lungs showing not the slightest trace of any old process. Both lungs contain, however, a relatively small amount of miliary granulations all of the same appearance and age. Heart, pleura, peritoneum and abdominal organs without any miliary tubercles, tuberculosis of the pia mater with the usual anatomical appearances. Marked by hydrocephalus.

Prof. Huguenin in Ziemsen's, Vol. XII, p. 517: I want to call your attention to the expression, "Pruriform softening at the center." It is supposed to be a degenerated lymph or white blood corpuscle. And as a lymph gland is an aggregation of white blood corpuscles we would expect softening degeneration to take place from within. The obstructed glands in the pia mater at the base would explain the effusion in the brain.

Factory girl, 16, during the last two years phthisical infiltration and formation of cavities in both apices; is said to suffer from attacks which have been called epilepsy; no other nervous symptoms than frequent headache; no further sensory and no motor derangements; glands of the neck suppurating; death due to an attack of copious hæmoptysis, with remarkable nervous appearances.

Cheesy focus the size of a hazlenut on the surface of the convexity of the left occipital lobe, at the point where the occipital fissure intersects its surface. Around the focus is an edging of yellow necrotic softening. The pia mater in the neighborhood is considerably thickened; there is, however, no suppurating, no exudation at the base, no hydrocephalus. About the cheesy focus—traceable patiently as far as the point of the occipital lobe, about as far as to the arteries central convolution—were a great quantity of miliary tubercles. No noticeable affection of one or many arterial tracts could be proved; all the basal arteries and the right hemisphere were entirely wanting. (X or XII, 518 Hugunin.)

Here is a case where the lungs first became involved, doubtless from a lint laden foul air. The glands of the neck also became ulcerated and the same thing was taking place in the brain.

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The case was reported under the head of tubercular meningitis. The cavities in lungs show extensive glandular destruction. This was evidently a case of caseous phthisis and it is not strange to have hemorrhages in this phase of the disease at this third stage. The connective between "frequent headaches" and "cheesy foci" and "necrotic softening" is worthy of attention.

I have not glanced at the remedy side of the relation of the lymphatics to phthisis but a parallel could be run that would prove most interesting, and they would be found mostly glandular remedies.

THE INDICATED REMEDY IN DENTISTRY.

R. W. STARR, D. D. S., CHICAGO.

A young man called at my office December 21st, complaining of great soreness in the right canine fossa.

He gave the following history of the case: Eighteen months previously he had called upon a dentist (of the old school) to have the right superior cuspid filled; the cavity having extended to the pulp, it was found necessary to destroy the same, and the cavity filled. Later an alveolar abscess formed and the filling was removed.

From this time on he called twice a week to have the root treated, which consisted of disinfectants and other substances forced into the canal, but a chronic pericementitis developed, which could not be cured or even suppressed.

Upon learning the above facts, it became apparent to my mind that the whole trouble arose from the following causes: First, imperfect treatment in preparing the tooth in the start, and a continuous course of mechanical irritation twice a week for eighteen months; this, with the absence of any attending constitutional symptoms, led me to give arnica, 40m.

Result: On the 22d marked aggravation, whole right cheek sore. On the 24th found the patient feeling very well with no soreness whatever in canine fossa.

I at once filled up the root canal and cut off the crown of tooth, which was badly decayed and discolored, replacing it with a porcelain crown. I saw the patient about a week ago,

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when he told me he had had no more trouble, and that this was as good a tooth as he owned.

This is but another example of a patient "doctored to death;" had he been situated where outraged nature could have had a chance no doubt would have suffered far less.

103 State Street.

AMERICAN INSTITUTE OF HOMŒOPATHY.

BULLETIN NO. 3.

Mr. Warren F. Leland having secured the management of the Ocean House, Newport, for a second year, dates already announced for the opening of the session and for the promenade concert may be considered as definitely determined.

The rates will be $4 and $5 per day. Orders for rooms may be sent to the undersigned and will be filled in the order of their receipt. When not otherwise specified engagements will be considered as commencing at noon on the opening day of the session, and "all rooms engaged will be charged for from the time of engagement" whether the expected guests appear or not "provided they do not give ample notice so that the room engaged can be given out to other people." There are fifteen private parlors ranging in price from $7 to $10 per day, which, with the adjoining bedroom *for a single person*, will make the charge from $12 to $15 per day, according to size and location. In order to minimize discomforts and complaints, officers of every grade, past officers and *all others*, desiring a private parlor at headquarters, should make application at once to the undersigned. They will be assigned strictly in the order of application provided such course in no case prejudices the interests of the Institute.

Orders for accommodation at the Perry House have already been received. Rooms will not be reserved after 7 P. M. of the opening day unless paid for in advance. This rule will probably be adopted by the proprietor of the Hotel Aquidnick also who has likewise filed orders for the anniversary.

The excursion on Narragansett Bay and the clambake will take place on Saturday, June 22. Local exigencies require the boat to leave the wharf not later than 12 M. It would be better if it could start at 11:30 A. M. This will necessitate holding

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the annual election not later than 10 A. M., for the sail must not be devoted to lobbying but rather its varied panorama and the curious viands of the bake be permitted to serve as balm to the vanquished.

Negotiations have been entered into for an excursion to Block Island, thirty miles out on the broad Atlantic, for Tuesday, June 25. This will afford the only opportunity for the doctors and their friends to take an ocean sail in a boat sufficiently large to afford any sort of a guarrantee against the pangs of *mal de mer*. Unfortunately, definite arrangements cannot be made for a month or two yet.

Pleasant sails of two or four hours' duration may be taken any half day to Narragansett Pier, Wickford, Rocky Point or Providence and return. For those unwilling to risk the qualms of seasickness tallyho or other driving parties may be arranged and thus a delightful *drive* to Narragansett Pier be enjoyed. This trip consumes the entire day and utilizes two steam ferries.

It is rumored that many delegates from the south and west propose to take the Fall River boat at New York on Wednesday night. That is a very pleasant idea. Such persons will find it no less pleasant, however, to stop over long enough on their return to sail up the Hudson River, at least as far as Poughkeepsie. It should be remembered also that the New York and New Haven road affords excellent service by its Colonial Express from Washington (as well as by more local trains) and the Wickford boat for those whose time is limited. Sleepers on the Hoosac Tunnel route and on the Boston and Albany road may be switched on to the old Colony system at Fitchburg and Framingham, respectively, and passengers deposited at Newport without change of cars. These are simply suggestions for those interested.

The offer of Rev. I. Newton Phelps, pastor of the First Baptist church, to omit his regular Sunday evening service June 23 that the Institute may then hold its memorial service in honor of its deceased members, has been accepted. The regular choir, and perhaps a special one, will be at the disposal of the special committee thereon.

Correspondence may be directed to the several hotels at which the visitors may stop, or to the First Baptist parsonage, which

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stands in the churchyard. A Bureau of Information will be established at the Ocean House, where a competent adviser will always be found. The undersigned will take permanent quarters at Newport not later than Monday morning, June 17, and as much earlier as the exigencies of the situation may require to make sure that all responsibilities entrusted to him have been fully met. He may then be addressed at the Parsonage or at the Ocean House. It will be well for all interested to keep the several bulletins of the local committee of arrangements at hand for ready reference, as announcements will not be repeated.

GEO. B. PECK,
Secretary Local Committee.

SAMBUCUS NIGRA.

J. B. S. KING, M. D.

Chas. M., four years old.

Loud, wheezing respiration, could be heard all over the flat. Face pale, bluish and puffy. Copious cold sweat. Tenacious mucus running from nose. Child is greatly distressed for air. Starts up suddenly and wants head on high pillow.

This condition had started apparently with a cold in the head two days before, and had gradually extended and grown worse ever since.

The difficulty was not in the larynx, for there was neither hoarseness nor croupy cough. The loud wheezing arose plainly from the chest, and was caused by diminution of caliber in the smaller bronchial tubes, either from spasmodic constriction or from viscid discharge. Whatever the condition may have been Sambucus Nigra, 2x, a few drops in a glass of water, a teaspoonful given every hour for a few hours, made a very pretty and rapid homœopathic cure.

MASSACHUSETTS.—The remarks in the governor's annual address in regard to the Westborough Insane Asylum were from oral reports only. When the whole matter was sifted down by the Boston Homœopathic Medical Society it was found that there was really nothing in it. Numerous letters passed between the society and the state officers and not a single charge was substantiated. This is cause for gratification to the entire homœopathic school, both east and west.

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SANITARY CLIMATOLOGY.

U. S. DEPARTMENT OF AGRICULTURE,
WEATHER BUREAU,
[CIRCULAR NO. 1.] WASHINGTON, D. C., January 2, 1895.

The interest manifested by every class of people in the subject of climate and its influence on health and disease has determined the Honorable the Secretary of Agriculture, through the medium of the Weather Bureau, to undertake the systematic investigation of the subject.

It is hoped to make the proposed investigation of interest and value to all, but especially to the medical and sanitary professions, and to the large number of persons who seek, by visitation of health resorts and change of climate, either to restore health or prolong lives incurably affected or to ward off threatened disease.

The study of the climates of the country in connection with indigenous disease should be of material service to every community, in showing to what degree local climatic peculiarities may favor or combat the development of the different diseases, and by suggesting, in many instances, supplementary sanitary precautions; also by indicating to what parts of the country invalids and health seekers may be sent to find climatic surroundings best adapted to the alleviation or cure of their particular cases.

The hearty cooperation of the various boards of health, public sanitary authorities, sanitary associations and societies, and of physicians who may feel an interest in the work, is asked to achieve and perfect the aims of this investigation.

No compensation can be offered for this cooperation other than to send, free of cost, the publications of the Bureau bearing upon climatology and its relation to health and disease to all those who assist in the work.

Cooperation will consist in sending to this office reports of vital statistics from the various localities. That these reports may be of value, it is evident to all that they should be accurate and complete and be rendered promptly and regularly. Blank forms of reports have been prepared so as to occasion as little trouble and labor as possible on the part of the reporter, and will be furnished by the Bureau on application.

At the very beginning of the investigation it is not possible to

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outline precisely the channels through which the results obtained will be made public, but it is hoped to publish soon a periodical devoted to climatology and its relations to health and disease. The publication will probably resemble in size and general appearance the present Monthly Weather Review, the subject matter being, of course, different.

More detailed information will be furnished on application.

MARK W. HARRINGTON.
Chief of Bureau

HOMŒOPATHY IN STATE INSTITUTIONS.

Several of our editors, entirely ignoring the disastrous failure of Homœopathy at Ann Arbor, favor a homœopathic branch to the Illinois state university. In no instance has Homœopathy been a glittering success when mixed up with old school medicine. Either the homœopathic professors, from contact with the regulars, become out and out mongrels, or the students become regulars from the superior teaching of the opposition professors. Oil and water will not mix, and the homœopathic school does better when it controls its own students and well grounds them in the fundamental principles of *similia similibus curantur*. The selection of professors in mixed schools has had considerable effect in weaning our students away from us. Men who are not themselves well versed in the teachings of Samuel Hahnemann should not be allowed to instruct students. There is unfortunately too much mongrelism taught in all our colleges, but when this teaching is placed side by side with the instruction of well educated regulars the student is bright enough to see that the difference is all in favor of regular medicine. The regular is not the one to kick at Ann Arbor. He had the best of the bargain so long as Obetz remained there.

THE MEDICAL VISITOR hopes the school of this state will make no such mistake as grafting a homœopathic department on the state university.

Vomiting occurring during the first stage of labor is regarded by some as a good omen. But if vomiting occurs during the second stage, accompanied by cessation of labor and with exhaustion of the patient, the immediate delivery of the child is indicated.—*Col. and Clin. Record.*

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MATERIA MEDICA NOTES.

Given these symptoms, what is the remedy: High temperature and rapid pulse, frontal headache, thirst? The answer would be, Acon., Bell., Bry., Ars., Gels.

The selection of the remedy would depend entirely upon the kind of thirst. If Acon. is indicated the thirst is excessive, the patient drinking frequently and large quantities at a time. If Bell. should be chosen the thirst is not urgent; the patient merely wets his lips from time to time, or holds the water in his mouth. Bryonia on the other hand meets a thirst that is not very frequent, but when it occurs the invalid drinks a very large quantity of water. Arsen. is the proper remedy when the patient drinks often and a small quantity at a time. The Gelsem. patient has little if any thirst. Still if there is no thirst whatever then Puls. and Apis should be taken into consideration. More physicians stumble on these symptoms than ought to, and hence resort to the alternation of two or more of the remedies.

In bad cases of membranous croup when your Acon., Spong., Hep. and Brom. fail, and the patient is at death's door, do not forget that Carbo. Veg. is a powerful remedy and often saves the little one's life. An inert substance crude, but a magnificent remedy when potentized. Do not use it in the 3d or even the 6th, but try the 30th or higher if you like.

A short time ago I was summoned to a boy who had been suffering with colic for a week or more. The regular physician who had attended him gave him a good night's rest every night with a hypodermic injection of morphine, but every morning the pain returned and continued throughout the day in spite of the brandy and ginger and other remedies administered. I was called to give him a hypodermic injection of morphine which I refused to do. Knowing the beneficial results of Nux Vom. after the use of brandy and ginger and hot stuffs generally I gave him a dose of Nux and in ten minutes he fell asleep. The colic did not return the following day. T. S. H.

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BOOKS.

The Life and Letters of Dr. Samuel Hahnemann, by Thomas Lindsley Bradford, M. D. Philadelphia. Boericke & Tafel. 1895. Cloth $2.50; half Morocco $3.50.

After a careful reading of this interesting work, we are of the opinion that Dr. Bradford has done his work well. He has not taken sides on mooted points, he has been chary of giving his personal opinion, and has avoided publishing critical estimates of motives, three rocks upon which the bark of many an estimable but unwary biographer has been wrecked.

So far as possible he has allowed Hahneman to speak for himself by means of his own letters and writings; in other instances cotemporaneous accounts of his life and actions are given, delved from old journals and books. He has also narrated in a concise manner the romantic story of his wanderings, his persecutions, his struggles with poverty, and defamers, his discoveries, his triumphs and his final farewell to the world.

Although we had before this read much concerning Hahnemann's life and history, it was mostly in a fragmentary way, here a bit and there a bit; this was therefore the first time that we had had an opportunity of learning the events of his life in the order of sequence, and we confess to have been profoundly moved thereby.

There is no evidence to show that Hahnemann possessed a single scrap of humor in his composition, and there have been some other great men, notably Victor Hugo, in the same predicament. He was a grave, serious, self-contained man, never despondent and never unduly elated, capable of great anger, with a power for sarcasm and invective. A stern, uncompromising advocate and defender of the truth, whose star he saw in the east in the form of his beloved art of healing. When that star was overcast his soul was filled with sombre and tumultuous emotions; when it beamed brightly he was tranquil, genial and at peace.

He had a firm, immovable belief in an over-ruling Providence which guided the affairs of men down to the smallest details of life. To his family, to his friends and to the afflicted he exhibited another side of his character, for here he was amiable, hos-

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pitable, genial and charitable. From the sins of idleness and time-wasting he seems to have been singularly free; he loved his work and by his industry and untiring devotion accomplished an enormous amount; he worked late and early, even up to a very advanced age.

He had but one object in view and he centered his forces upon it with singleness of aim; his health, his strength, his time, his money his varied and extensive erudition, all served as means to one grand end, the development of Homœopathy, which was indeed the master passion of his life.

None can read this Life of Hahnemann without interest, and few, we believe, without new inspiration and desire to live a useful life. The portrait of Hahnemann could well have been omitted—as it misrepresents him. K.

Hernia: Its Palliative and Radical Treatment in Adults, Children and Infants, by Thomas H. Manley, A. M., M. D., of New York. Philadelphia. The Medical Press Co. (Limited), 1893.

This volume of 230 pages is, we think, the most practical work of the kind with which we are acquainted. It deals with the subject of hernia as it is met in every-day practice and omits no essential detail. The recognized treatment, palliative and operative, is given fully and clearly, the illustrations lacking nothing in accuracy and completeness. It is encouraging to note the following (page 115): "It is absurd to assume that by any sort of chemical solutions, or exclusion of infecting elements, we can wholly prevent inflammatory reaction, local or general, when we perform an operation which entails an extensive mutilation of the tissues." This observation will at once appeal to every experienced surgeon as an expression of truest wisdom. The book is intended not alone for the surgeon but for the general practitioner, and we are sure that it will be highly valued by those who have occasion to consult its pages for guidance in the management of the various forms of hernia.

Notes on the Newer Remedies, their Therapeutic Applications and Mode of Administration, by David Cerna, M. D., Ph. D. Price $1.25. W. B. Saunders, 1895.

When the newspaper editor is swamped more deeply than usual by the infinite multitude of cheap books sent in for criticism, he is in the habit of relieving his sad soul by a scornful

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phrase, concerning the "worthless trash belched forth daily by a mercenary press." This phrase, slightly changed so as to read "worthless trash belched forth daily from the laboratories of mercenary chemists," would do very well for doctors as a fit and forcible expression calculated to relieve their feelings.

One is apt to have feelings of a violent nature, when he receives in the space of a year some two or three hundred blatant pamphlets each announcing the startling discovery of a substitution coal tar product of unparalleled excellence, and many times better than the one discovered the day before. These discoveries are made for revenue only and hence, before any systematic study can be made of the new product, before there is any knowledge concerning it, tremendous claims are made of its wonderful virtues, and endorsed by the names of a few inconsiderate or venial doctors, it is spread all over the medical world.

The above volume is a brief study of considerably over a thousand of these brilliant novelties, and inasmuch as their names constantly occur in medical literature, it will prove a useful reference book, when it is considered desirable or necessary to know somewhat of them. K.

Dose-book and Manual of Prescription-writing, with a list of the official drugs and preparations and also many of the newer remedies now frequently used, with their doses, by E. Q. Thornton, M. D., Ph. G. Philadelphia. W. B. Saunders. 1895. Price $1.25.

There is a great quantity of useful information crowded into this compact volume, information, too, of a kind in which many if not most physicians are sadly deficient. In the cursory glance which we were able to give it we noticed a few errors, which argues ill for the number which a careful examination would have found. On page 20 *Magnus* is used for *Magnum*. On page 39 in the model prescription (faulty model) *Aconite* occurs for *Aconiti*, and *Spiriti* for *Spiritus*. On page 46 the word Aloe is not declined correctly; on page 114 assafoetida is put in the wrong case.

A book, filled as this one is, with innumerable details, needs careful scanning in order that the inevitable error may be avoided. K.

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Prescription Card, by Stacy Jones, M. D. 16 pp. Price 10 for 30 cents. Boericke & Tafel.

This is a very ingenious method of relieving a busy doctor of some work, and of attaining greater accuracy in prescribing by throwing some of the work of selecting a remedy on the patient. By the use of a simple cipher (we fear too simple) self-prescribing is prevented, so that the danger of losing the fee is diminished to a minimum. We think this will be a very popular idea with homœopaths, and its tendency will be all in the direction of making careless prescribers more accurate, and it will certainly save some of the time and trouble so necessary to good prescribing. By preserving the cards used in any given case a convenient and useful record is acquired. For details apply to Boericke & Tafel.

Another new journal is The General Practitioner, a monthly publication edited by Drs. R. C. Blackmer, G. M. Blech and F. T. B. Fest, all of St. Louis, Mo.

"We don't flatter ourselves that the world is hungering and thirsting for a new medical journal. We have not come to fill any "aching void" or "long-felt want." We have an ambition to become a plain, good-natured, merry sort of journal, that likes every nice thing, and is not too deeply impressed with an obligation to perform disagreeable duties.

"We believe in a high standard of medical education, and we believe, also, that the present standard of education among general practitioners of this country is greatly under-rated."

One dollar a year is the subscription price.

On the Origin of Language and the Logos Theory, by Ludwig Noiré. The Religion of Science Library.

A book of cacophonious platitudes, which is best commented on by a verse from an old poem:

"As Milton's fiends in fiery tempest tossed
When they had set their Maker at defiance,
Still found no rest, in wandering mazes lost,
So is it with our modern men of science."

K.

Syllabus of Gynecology, based on the American Text-book of Gynecology, by J. W. Long, M. D. Philadelphia, W. B. Saunders, 1895.

This Syllabus is a small volume, of the shape and size of an

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ordinary note-book. It is literally crammed full of useful information concerning the gynecological art, and will excellently serve its two-fold object, i. e., as lecture notes, to enable students to follow and remember lectures, and as a convenient reference for practitioners.

Laboratory Guide for the Bacteriologist, by Langdon Frothingham, M. D. V. Philadelphia, W. B. Saunders, 1895. 75 cents.

Here we have the technique of Bacteriology in a simple and concise form for practical work. It includes a great variety of staining methods, the preparation of nutrient media and the art of imbedding tissues for cutting sections.

Those who believe in that kind of thing and think the game worth the powder could do worse than provide themselves with this Guide.

We have received the Dental and Surgical Microcosm for January, 1895, containing an article of comment by S. J. Hayes, D. D. S., M. S. A., the publisher, upon the appointment of a committee to erect a monument to the honor of Dr. Horace Wells, the discoverer of anæsthesia.

After a considerable amount of hair splitting Dr. Hayes goes on to show that chloroform, ether, nitrous oxide gas, etc., do not produce anæsthesia, but only different degrees of narcotism, asphyxia and syncope.

By turning over a page after finishing the above article we find that the only method of obtaining true anæsthesia is one which is patented by S. J. Hayes, D. D. S., M. S. A. Price $70.00.

The Homœopathic Eye, Ear and Throat Journal is the name of a new publication, edited by Drs. A. B. Norton, C. H. Helfinch and Geo. B. Garrison of New York City, assisted by a corps of fourteen specialists on their branches. There seems to be room for such a publication, and we hope it will meet with success. Jas. A. Robinson, 124 w. 84th St., N. Y. city, is the publisher, and the price is $2.00 per year.

The International Brief, Vol. I, No. 1, is a monthly journal of Materia Medica and Therapeutics, and is published in English and Spanish. Dr. E. Forinas, 1229 Spruce St., Philadel-

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phia, is the publisher as well as editor and he is assisted by four Mexican physicians. The first number is devoted mainly to an analytic study of Belladonna. Twelve pages constitute a number and the subscription price is $1.50 per year.

The Medical Mission Herald has just appeared for January. It is a publication for the laity more than for the profession and will probably fill a long felt want. Dr. S. D. Ebersole is the editor-in-chief, and Rev. Dr. Paul Pollach, associate editor.

Annual Report of the Department of Health of the City of Chicago for the year ended December 31, 1893. The report is rather late but it is a very interesting one. The death rate was 16.93 per thousand. The number of births is not mentioned.

One of the neatest pamphlets ever published has just been issued by the firm of Boericke & Tafel. It gives a full description of the quarters occupied by the firm in Philadelphia, and is profusely illustrated.

Vaginal extirpation of the Uterus and Adnexa in Pelvic Suppuration and Septic Puerperal Metritis and Peritonitis, by H. J. Boldt, M. D. Reprint from The Amer Journ. of Obs. and Dis. of Women and Children.

Hygiene of the Anus and Contiguous Parts, by J. Rawson Pennington, M. D., Chicago. Reprint from the Journ. of the Amer. Med. Assoc.

Five Years' Work in Diseases of the Rectum at the New York Post-Graduate Hospital, by Charles B. Kelsey, M. D. Reprint from the N. Y. Med. Journ.

The Non-operative Treatment of Uterine Diseases—Explanatory, by P. J. McCourt, M. D., New York. Reprint from the Med. Record.

Method of Testing for Albuminuria, by P. J. McCourt, M.D., New York. Reprint from the Med. Record.

THE Illinois Homœopathic Medical Association meets at Chicago May 14, 15, 16.

THE 34th annual session of the Homœopathic Medical Society of Ohio will be held in Cleveland May 14 and 15.

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GOSSIP.

The Homœopathic staff at the Cook County Hospital, Chicago, has been increased from ten to thirteen members. The National Homœopathic Medical College secured three members, viz., Profs. Rogers, Beebe and Pierce. The Hering was and is represented by Prof. Reininger. The Chicago Homœopathic Medical College has eight physicians and Hahnemann has one.

In November Parke, Davis & Co. sat down hard on Antitoxine (vide Medical Age, November 10, 1894,) and in December they commenced manufacturing it. Nothing like being in the "push."

When the child now known as anæsthesia had been born into the world by the public demonstration of a painless capital operation at the Massachusetts General Hospital, October 16, 1846, it had no name, and none could be immediately found for it, since the language of the day had not as yet been called upon to express the act or the state produced by the act. It was necessary to christen it. Accordingly, a meeting was held at the house of Dr. A. A. Gould, at which were present Dr. Henry J. Bigelow, Dr. O. W. Holmes, and Dr. Morton, and Dr. Gould read aloud a list of names which he had prepared. On hearing the word "Letheon," Dr. Morton exclaimed, "That is the name the discovery shall be christened." Dr. Gould and the others also favored this name, derived from the mythological river Lethe. But after a subsequent consultation with Dr. Holmes and a consideration of the terms suggested by him in a short letter, Dr. Morton adopted the terms anæsthesia, anæsthetics, and etherization, the terms now in common use.

While upon this subject it may interest our readers to know that a strong effort is being made to deprive Dr. Morton of all credit for the introduction of anæsthesia. This is simply history repeating itself. Every inventor or discoverer has to run the same gauntlet, and now-a-days even an author, like Shakespeare, for instance, is in danger of being divested of his world wide reputation.

Dr. Julia Holmes Smith of Chicago has accepted the appointment as trustee of the state university, to fill the vacancy caused

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by the resignation of John H. Bryant of Knox county. Her appointment as member of the board was tendered in a telegram from Gov. Altgeld January 31. Dr. Smith is much pleased with this recognition of her abilities to fulfill the duties of the office and regards the governor's action as both a compliment to herself and the party in which she is an active worker.

On the 9th of January Dr. Howard Crutcher of the surgical staff of Hering Medical College transferred a testicle from the perinæum to the scrotum, the operation being the first successful case reported. The patient, a boy aged 13, was circumcised at the same time and was thus cured of insanity. This case puts a large feather in Prof. Crutcher's cap, for it is seldom that a surgeon has such a good opportunity for winning distinction that will place him at the head of the list of bold operators.

Dr. A. R. Morgan of Waterbury, Conn., has been writing a series of articles upon Homœopathy for the Waterbury American.

Dr. Amick of Cincinnati who has had a very extended experience in consumption laughs at the idea of its contagiousness. The time will soon come, it is to be hoped, when all physicians will scorn the microbe maniacs now holding the field.

Between twenty-five and thirty sculptors have accepted the invitation of the Hahnemann monument committee to compete for building it. Their models were on public exhibition during the first week in February 4 to 9 in the large gallery of the American fine arts society, 215 West Fifty-seventh street, New York.

Dr. Obetz should understand once for all that the Homœopathic school does not propose to drop its distinctive title or amalgamate with the regulars. Dr. Obetz is now out of the university and the homœopaths of Michigan can once more draw a long breath. Michigan for many years was the banner state of Homœopathy, but owing to the wrangle at the university it has lost its proud position.

A bill has been introduced in the Illinois legislature to limit the charges of a surgeon to $100 for a capital operation. Why not introduce a bill to limit the charges of a lawyer to $100?

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There would be just as much sense in it. A queer lot of people are sent to the legislatures of the various states now-a-days.

The bread editor has received a communication from one of the "lovely women" whom he criticised recently in an article on bread making, asking his opinion in regard to putting white potatoes in bread.

Without withdrawing his eyes from the oven (for he intends to burn no bread this time), the bread editor answers that he thinks well of it. The use of white potatoes does not make the bread of a better taste or of a finer appearance but it does make it keep longer without getting stale.

RECENT DEATHS.

Nov. 30, 1894, Dr. C. A. Woodward of Howard Lake, Minn.

1895.

Jan. 5, Dr. L. D. Packard of Boston, Mass.

Jan. 13, Dr. Stanton L. Hall of Port Chester, N. Y., aged 52.

Jan. 16, Dr. Mary W. Noxon of N. Y. city; cause apoplexy.

Jan. Dr. O. B. Gause of Philadelphia.

Jan. Dr. Geo. R. Fortiner.

Feb. 8, Dr. Eugene P. Mitchell of Los Angeles, California, a graduate of Hahnemann of Philadelphia, 1885.

Feb. 11, Dr. A. Farnsworth of Saginaw, Mich., aged 75.

CLIPPINGS.

THE ACTION OF ASPARAGUS ON THE KIDNEY.—Three years ago Wilks sent a short communication to the *Lancet*, requesting the opinion of the profession on this subject. He therein stated that, in spite of books declaring asparagus to be a diuretic, he had observed that the very contrary was its action. Four letters came in reply, written by medical men. Three of them stated that from direct observation they had ascertained the inhibitory action of asparagus on the function of the kidneys, so that frequently only a third of the normal quantity of urine was secreted after eating this vegetable. The fourth gentleman said he had no knowledge of his own, but believed asparagus to be a diuretic, as he had always understood it to be so. The question of this vegetable's action in the economy is of lit-

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tle importance when it is so universally eaten and approved of, but it is one of interest in connection with the history of medicine as a science and art. In other sciences knowledge has grown from small beginnings, so that they have a solid foundation and superstructure, but the practice of medicine has existed from the remotest ages and was born of superstition. Consequently, a large part of our advance has been by getting rid of and overthrowing error. The writer has on his shelves a "Herbal," published about a hundred years ago, describing the value of a vast number of plants which are now discarded as useless; but that a positive error, and one the very reverse of the truth, as regards the action of a well-known vegetable, should still be propagated in books, is a most remarkable fact, and, as regards the whole subject of therapeutics, a very sad one.—*Lancet.*

Over forty different kinds of surgical instruments were found in the house of a surgeon at Pompeii. Some resembled the instruments now in use, while others are so completely different from anything of the kind now employed that their use is entirely conjectural. All were inclosed in brass or boxwood cases, and some even retained the exquisite polish that they had when buried. Over 700 bottles and vials were taken from the shop of one apothecary in Pompeii. Most of them were of singular forms, some being fashioned to resemble certain animals. In one about a gallon and a half of liquid still remained. On being opened it was found to be a kind of balsam. It began to evaporate rapidly, and was, therefore, hermetically sealed.

THE SCARCITY OF PATIENTS.—There may be some comfort to the many physicians who have felt the long continued "dullness" in their practice, in learning that it is not a local stagnation, but that the same conditions are being felt in other parts of the world. English medical journals speak of the "marvelous health of the country;" and the large number of physicians who have attended the many congresses without being missed, so few are the patients. An Edinburgh correspondent of the *Medical Press* writes recently, "that in that city it was a vacant vacation with a vengeance; there was absolutely nothing stirring, and he knew of one practitioner acting as locum tenens for seven others on their holiday, who, notwithstanding this weight of responsibility, yet found ample time to play golf every day."—*Chi. Med. Recorder.*

THE diagnosis of pregnancy is a perplexing question not only in the illegitimately pregnant woman. Even in cases where the

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patient gives an honest history as far as it is in her power, it is sometimes impossible to tell before the movement of the child is felt. The most careful physicians slip up once in a while on this point, sometimes in what appears to be positive cases.

Unless all the signs of pregnancy are present the less a physician says previous to the four and a half months, the better for his reputation in this line.—*Provincial Medical Journal.*

VARIOUS TOPICS.—Foreign physicians appear to think that their American brothers will accept *any* new remedy for cholera and diphtheria without investigation and upon faith. The American physician *is not* a fool, but, on the contrary, a progressive, hustling, and scientific man. The new remedy for diphtheria is not what it is claimed to be.

1. Because it promotes blood poisoning.
2. Because it augments the action of the heart.
3. Because it needs another antiseptic to counteract its effects.
4. Because it sets up extraordinary skin action, and promotes pustular eruptions on the back, legs and throat. The reported cures made by it are not cures at all, because they rest upon mistaken diagnosis.

This new remedy is soon to be tested in Chicago. My word for it, IT WILL PROVE A FAILURE.—*Med. Brief.*

DIPHTHERIA AND CITRIC ACID.—Dr. H. Laser (*Hospitals-Tidende*) on account of the destructive influence which citric acid exerts on the micro-organisms of diphtheria, has adopted the following treatment in diphtheria: Each hour let the patient gargle with a dilute solution of citric acid, which is prepared by adding a teaspoonful of a 5 to 10 per cent solution to a glass of water. Besides, have the child suck slices of lemon or drink lemonade, which is prepared by squeezing a lemon into a glass of sweetened water.—*Lancet-Clinic.*

THE REMUNERATION OF THE MEDICAL PROFESSION.—The eloquent and pointed words uttered by Mr. James H. Hoyt upon the inadequate remuneration of physicians, in the course of his response to a toast at the Cleveland Medical Society dinner the other night, prompt a few words upon a topic which lies near to the heart of our profession. Mr. Hoyt truly remarked that lawyers receive better fees for caring for a man's mere earthly property than do physicians for protecting his life, without which his property would be as moth-eaten garments to him. It is a question as to whether the fault for this lies not rather with the physician himself than with the public

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whose ills he cures. The suggestion has somewhere been made, and is so good as to bear repetition, that our fee system is a relic of medieval or semi-barbarous times, and is altogether inadequate to provide for the proper remuneration of the modern scientific physician. Be it understood that these remarks are intended to apply to the general practitioner, the surgeon and the specialist having already solved this problem. The lawyer does not charge you according to the number of visits you make to his office, but makes a charge in proportion to the service rendered, as near as may be. Why should not the physician, instead of humbling himself to a routine wage of so much per visit, rather make his charge a lump sum somewhat in keeping with the service rendered his patient? This would be a rule of charge easily adapted to the peculiarities of each individual case and yet allow of the physician's securing a fee for saving a life parallel to that of the surgeon for a major operation The skill and responsibility required of the general practitioner are often not one whit second to that of the surgeon in a similar instance, and yet rarely does the former receive an adequate fee. This matter is a vital one to our profession, and all honor is due the able and eloquent lawyer who so forcibly and publicly pleaded our cause the other night. A sudden change from the old method of so-much-a-visit is impracticable, but many physicians can with care and discretion slowly approximate their fees to the more rational staddard, beginning with their appreciative and liberal-minded patients.— *West. Reserve Med. Journ.*

Tobacco Smoking in Disease.—Dr. Janku (*Zeitschrift fuer Krankenpflege,* No. 7, 1894) in many cases regards moderate smoking as indicated, especially where there is an express desire. In the majority of surgical affections it is permissible, with exception of convalescence from operations upon the bladder and abdomen. Patients with disease of the eyes, nose, throat or pharynx should never smoke. The internal diseases which would not permit smoking are peritonitis, typhoid fever and similar affections. In stomach affections smoking may be allowed if the smoke be filtered. Patients with organic heart diseases should smoke as little as possible. In lung diseases, under certain circumstances, he would hold smoking to be indicated ; also in syphilitics. In those with nervous diseases there is no general rule ; sudden withdrawal often does harm, while in cardiac neuroses only a very weak tobacco with filtration of the smoke is allowable. To smoke in the sick-room, where there are several patients present, is hardly to be commended. The best time to smoke he would believe to be several hours after meals.—*Amer. Med. Comp.*

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HYPNOTISM IN CRIMINAL CASES.—The plea of irresponsibility for capital offenses on account of hypnotic influences is becoming a common thing in criminal trials, and it is a lamentable fact that not only has it been successful in one instance (in the trial of the homicide McDonald, of Wichita, Kan.,) but bids fair to be successful in many future cases unless the evil is met by something more than the unscientific credulity of some members of the medical profession who are ever ready to champion every new fad or folly that seemingly bears the imprint of scientific advancement.

It is perhaps possible that a state of artificial somnambulism, characterized by a partial or complete absence of volition, sensation and self-consciousness, may be produced by some dominating will or idea, and that a person *may* be irresponsible for acts committed while under such influence, but to apply this condition to criminal jurisprudence means the opening of unlimited possibilities for miscarriage of justice.

It is a singular fact that a few prominent physicians have given credence to the most absurd and ridiculous delusions regarding hypnotism, without giving any well-founded and scientific reasons for their opinions, and it is to these erring professional brethren that the homicide goes for expert testimony upon which to establish his plea of hypnotic influence.

Considering the vast field for deception in all its phases, and the danger to innocent parties from false accusations, should the courts decide that the plea of hypnotism is a tenable one, it would seem that the regular medical profession, in receiving almost unlimited credit for expert testimony, is empowered with a great responsibility and one that should be exercised only with the utmost caution and upon well-founded scientific opinions.—*Fort Wayne Med. Mag.*

SUGAR AS AN OXYTOCIC.—In the *Gazz. Degli. Osplt.*, No. 2, 1894, Prof. Bossi, of the Obstetrical and Gynecological Clinic, of Genoa, Italy, reports the results he has obtained with sugar as an oxytocic in a large number of cases. He concludes as follows:

First.—In ten out of eleven cases a positive ecbolic result was obtained from an ounce of sugar in eight ounces of water. This effect was observed on an average a half hour after its administration.

Second.—In some cases the one powder was sufficient to induce expulsion of the fœtus.

Third.—If a second powder was given after two hours the effect was more pronounced.

Fourth.—In no case were tetanic contractions observed; on the contrary, the contractions were regular, and no incarceration of the placenta was noted.

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Hence, he thinks that he is justified in recommending the use of sugar in obstetric practice, as possessing all the advantages of an ideal ecbolic without any disadvantages.

Dr. F. H. Pritchard (*Med. and Surg. Reporter*, March 17, 1894), concludes that sugar is an efficient oxytocic, and one which is devoid of danger in ordinary and carefully measured doses; is handy. quite certain, and easily obtained everywhere. That, despite Bossi's statement, large doses will cause tetanic contractions and induce painful after-pains. That gelsemium, in drop doses of the tincture, is antidotal to this over-traction. —*Amer. Med. Comp.*

Should tuberculous patients be quarantined? Dr. Wm. A. Dickey contributes a valuable article upon this subject to the Amer. Med. Compend (Jan. '95). In conclusion he says: "Far more practical results can be obtained by attending to the heating and ventilation of these coaches rather than by hunting for a germ you are liable never to encounter. Much of the bed linen of the sleeping coaches is washed and laundered at the 'end of each run,' while the remainder is thoroughly aired and exposed to the direct rays of the sun at short intervals, and the car scrubbed; so that the danger to the traveling public is, in this case, reduced to a minimum, granting the fact that occasionally the germs are found there. Do not infer from what I have said that I think tubercular expectoration entirely devoid of danger, for I do not; but my plea is for the victim of the disease. By saying to him at the very outset of the trouble: you are afflicted with an incurable malady, and you must not mingle with the world's busy throng, you rob him of the very last ray of hope of restoration to health, to his family and friends. I believe it to be inhuman and barren of practical results. I believe in the most hearty coöperation with the health authorities in every thing that looks toward the dissemination of such knowledge as will be of practical benefit to those suffering from the disease, and will prevent, as far as we may, others from taking it. But let us not forget, that as physicians, we owe a duty to this unfortunate class of people that compels us to give them the very best chance of recovery with which we are familiar. Placing this in the list of contagious diseases means for its victim, as in all other diseases of similar character, surveillance and a feeling of being avoided and shunned by a community, which to the greater portion of mankind is painful in the extreme. By officially declaring an individual to be a disseminator of a contagious malady you inflict hardships and deprive him of privileges, such as church and school, the influence and value of which cannot be estimated.

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LIST OF HOMŒOPATHIC PHYSICIANS.

CONNECTICUT.

Adams, C. B., New Haven
Adams, M. J., New Haven
Allen, A. H., New London
Allen, J. H., Norwich
Anderson, W. D., New Haven
Angell, Aug., Hartford
Ayer, A. D., Bristol
Ayers, C., Stamford

Babcock, W. D., East Hampton
Baldwin, A. H., Norwalk
Barber, O. M., Mystic
Beach, C. L. Hartford
Beebe, W. B., Bridgeport
Bell, Julia, Marlboro
Bowen, G. A., Woodstock
Brewer, E. P., Norwich
Brigham, L. L., Hartford
Brockway, T., New Britain
Bronson, B. F., Bridgeport
Brown, G. W., West Winsted
Buckley, William, Danbury
Bucklyn, J. K., Mystic
Bunnell, W. P., New Britain
Burr, F. L., Rocky Hill

Carter, E. H., Falls Village
Case, E. E., Hartford
Chase, S. E., East Killingly
Cheney, B. H., New Haven
Church, H. A., Canaan
Coburn, J. M., South Norwalk
Cole, H. P., Bridgeport
Colegrove, C. H., Willimantic
Collard, G. W. A., Bridgeport
Congdon, C. F., Salem
Cooley, G. P., New Britain

Darling, J. H., Thompsonville
Donnoghue, Anna, Waterbury

Gidman, B. C., Norfolk
Givins, A. J., Stamford
Goodrich, Mrs. La R., New Haven
Gregory, E. P., Bridgeport
Griffin, Louise A., Middletown
Griffin, S. M., Danbury

Hall, E. C. M., New Haven
Heath, J. B., Plymouth
Hewitt, E. C., Meriden
Hitchcock, D., Norwalk
Hitchcock, W., Norwalk
Hoag, A. H., Bridgeport
Hoag, C. S., Bridgeport
Hooker, E. B., Hartford
Hull, George S., Bristol
Hutchinson, J. H., New Haven

Ingalls, D. W., Bridgeport

Jewitt, J. W., New Haven
Jones, E. C., Hartford
Jones, L. P., Greenwich

Keeler, B. E., Danbury
Keeler, C. B., New Canaan
Kellogg, E. W., Hartford
King, F. E., New Milford
King, E. C., Unionville
Kirk, Lucy, Hartford

Lambert, Adelaide, New Haven
Lawrence, Mary, Middletown
Linnell, E. H., Norwich
Linnell, J. E., Norwich
Luscomb, A., Waterbury

Macdonald, A. P., Danbury
Maine, C. O., Stonington
McDougall, J. H., Middletown
McGonegal, G. R., Norwalk
Miller, Isaac S., New Haven
Mills, W. S., Stamford
Monroe, F. H., Meriden
Moody, C. V., Plainville
Morgan, G. S., New London
Morgan, A. R., Waterbury
Mowbray, J. L., New Haven
Murray, Mrs. W. H., New Haven

Newport, E. C., Meriden
Newton, Sarah B., E. Hartford
Nichols, G. L., Stafford Springs

Oley, S. W., Danbury
Osborne, J. H., Southington

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Pardee, E. V. D., South Norwalk
Payne, C. N., Bridgeport
Peckham, L. C., New Haven
Peltier, P. D., Hartford
Penfield, Sophia, Danbury
Phillips, A. W., Birmingham
Pilling, S. O., Hartford
Pulford, C. H , Seymour
Pulford, F. W., Seymour
Pulver, H. J., Torrington
Putney, W. S., Milford

Quill, J. D., Wallingford

Rawling, Charles, New Haven
Richardson, L. E., Hartford
Roberts, Theo., New Canaan
Rockwell, J. A , Norwich
Rodman, W. W., New Haven
Rowell, C. E. Stamford
Rowell, E. E., Stamford
Russell, J. J., Putnam

Sage, F. H., Middletown
Sage, W. H., New Haven
Sandford, C. E., Bridgeport
Sawtelle, F. G., Pomfret
Schuelke, H. L., Naugatuck
Sherwin, A. P., Suffield
Shipman, L. K., New London
Skiff, P. C., New Haven
Skiff, W. C., New Haven
Smith, C. F., Thomaston
Smith, F. W., New London
Smith, E. S., Bridgeport
Soule, William, Jewett City
Stark, C. E., Norwich
Starr, P. S., Hartford
St. John, B., Torrington
St. John, T., Thomaston
Stone, J. S., New Britain
Styles, E. L., New Britain
Sunderlin, P. U., Danbury
Swift- S. E., Colchester

Talmage, A. L., New Haven
Taylor, O. B., Manchester
Thorpe, W. E., Bristol
Tillotson, W. C., Rockville
Todd, F. O., Danielsonville

Vail, E. S., Thompsonville
Vishno, C., New Haven
Vishno, C. W., New Haven

Walker, E. J., New Haven
Wilcox, F. C., Willimantic
Williams, G. C. F., Hartford
Wilson, E. A., Meriden
Wilson, G. H., Meriden
Windsor, Sarah, ——
Woodward, E. P., Bristol

DELAWARE.

Almond, C. M., Newark
Anderson, E. S., Dover

Barlow, D. G., Wilmington

Clemens, T. O., Dover
Constable, Chas. B., Middletown
Cooper, Peter, Wilmington
Crumbaugh, J. M., Wilmington

Flinn, Lewis W., Wilmington
Flinn, J. M , Newport
Frantz, A. E., Wilmington

Hoey, W. F., Frederica

Irons, Alex., Newport

Jacobs, W. H., Delaware City

Kitchell, ——, Wilmington
Kittinger, L., Wilmington
Kittinger, L. A., Wilmington
Kuntz, W. H., New Castle

Lukens, J. P., Wilmington

Moore, T. C., Smyrna
Mullin, J. W., Wilmington

Negendank, A., Wilmington
Negendank, E. T., Wilmington

Pierson, F. F., Wilmington
Pleasonton, G. W., Milford

Rile, J. H., Wilmington

Sherwood, W. E., Wilmington
Slaughter, L. N., Wilmington
Smith, J. M., Cheswold
Stout, H. V. S., Dover

Swinney, C. O., Smyrna

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Allen, Charles A., 1320 G nw

Babbitt, Z. B.
Baker, L. Y., 12th and G st
Baker, S. L., 1110 N. Y. av
Baldwin, A.
Barstow, Kate D., 820 N. C. av se

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Bennit, Wm. W., 1423 S. C. st
Blanchard, F., 720 H. st nw
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Heron, W. H., 1214 6th nw
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Hubbell, J. B.

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Jenkins, R., 910 14th nw

King, W. R , 1422 K st nw
Kingsman, R., 701 E. Cap.
Krogstad, H., 1402 Mass av

Latimer, Geo.
Lee, George, 1333 Vermont st

Macdonald, T. L., 226 8th sw
Mattingly, W. H., 907 H st
Moffatt, S. S., 719 11th n w
Moffitt, M. M., 127 B
Muhleman, S. A., 1312 8th st
Munson, R., 1121 17th nw

Pope, G. W., 1109, 14th nw
Purdey, O. A., 602 5th

Rauterberg, Chas., 215 8d st
Rauterberg, L. E., 510 5th nw
Riggs D. H., 1012 Mass. av nw
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Roberts, C. W., 1007 H nw
Robbins, A. A., 16-3 ne

Shoulters, G. H., 14th and R nw
Sonnenschmidt, C. W., 1307 H nw
Stanford, F. H.
Stearns, S., S., R. I. av
Stratton, W. C., 1422 K st
Swormstedt, L. B., 1415 14th nw

Thompson, A. H., 106 7th

Verdi, T. S., 815 14th

Wilson, L., 316 B se
Winslow, C. B., 1 Grant pl

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Bruce, H. M., Tampa
Brush, Jennie, Daytona

Downing, J. C., Montclair

Eaton, L. D., Palatka

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Fozzard, Jno., Pt. Orange

Graham, W. I., Titusville

Hampton, M. M., Leesburg
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Johnson, P. E., Jacksonville

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Learned, H., Pomona
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Marsh, F. F., St. Augustine
Mendoza, F. F., Key West
Muzzy, C. R.

Peacock, R. H., Winter Haven
Peek, S. E., Pomona
Porter, Geo., Orlando
Powell, W. R., Palatka

Rice, H., Arcadia
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Sibley, Mary, ——
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Tantum, P., Winter Park

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Walker, C. E., Longwood
Wheeler, H. W., St. Cloud
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Williamson, T. J., Eustis
Willine-Wheeler, H. M., DeFuniak Springs

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Cleckley, M. A., Augusta
Curtis, L , Augusta

Falligant, L. A., Savannah
Fitch, H. P., Demorest

Geiger, Charles, Roswell
Groth, H. H., Savannah

Hicks, R. A., Rome
Hicks, Mrs. Susan M., Atlanta
Hinman, R. E., Atlanta

Knorr, L., Savannah (retired)

Lawshe, John Z., Atlanta
Lichenstadt, M., Atlanta
Lukens, M. B., Dalton

Manahan, M. W.. Atlanta
Morse, L. D., Atlanta

Orme, F. H., Atlanta

Paine, C. M., Atlanta
Parker, A. H., Macon
Phillips, W. H., Thomasville

Rogers, G. W., Reynolds

Schley, C. C., Savannah
Schley, E. B., Columbus
Smith, Mrs. Elizabeth, Atlanta

Watkins, E. W., Ellijay
White, Mrs. Jasper
Wood, J. A., Camilla

IDAHO.

Bearby, M. Jenny, Mountain Home
Blake, H. B., Moscow
Brien, D. H., ——

Collister, Geo , Boise City

Ferrall, G. H., Cour d' Alene

Herrington, W. T., Wallace
Hughes, J. E., Moscow

Keller, F., ——

Rogers, R. W., Caldwell

Just at present the discarding of the antipyretic has lost its novelty and the sensational physicians are seeking other channels. The whim now is to do nothing except visit the patient two or three times a day and leave the rest to nature. If he dies, "nature killed him." If he gets well, "I was very attentive." It is true that a large proportion of acute diseases will get well of themselves, but if we can do nothing to hasten a favorable result or relieve suffering or prevent complications, of what use is our profession? Even the homœopathist has learned better than this. For years they gave their minimum doses of Lake Superior, called frequently and depended on nature to heal, with very fair results, especially when the patient was not sick to begin with. But now they are using real medicine, such as it is, to hasten recovery and relieve suffering. This is bad enough, but are we to drop into what Homœopathy was?—*Medical Progress.*

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The Medical Visitor.

A MEDICAL NEWSPAPER.

[Entered at the Lansing, Michigan, Postoffice as second-class matter.]

VOL. XI. APRIL, 1895. No. 4

SUDDEN DEATH.*

BY T. C. DUNCAN, M. D., PRES. NATIONAL MEDICAL COLLEGE.

The immediate cause of sudden death is either paralysis or hemorrhage.

If the paralysis is cerebral the death is not so sudden as when the vital organs like the heart or lungs are involved.

When the blood leaves the head suddenly, as in syncope, the tendency then is to spasm of the heart which may result in death. Syncope is one of the chief causes of death in high altitudes.

It seems to be brought about in this way: The rare air produces rapid respiration which frightens the nervous system and syncope supervenes and spasm of the heart closes the scene. This fright may be physical fear, or a sense of fear is inherited and is a part of the child. A mother ascending Pike's Peak was horrified to find that her babe was dead in her arms

One of the first cases of sudden death I ever saw was while a student in charge of the college dispensary, away back nearly thirty years ago, in 1865. It was a woman who had an abscess of the nates, that became gangrenous. She was poor, neglected and ill-fed. I thought she was recovering under arsenicum and food supplied by her physician. I cautioned her about getting up which she was impatient to do. One day I went there unexpectedly and rapped at the door. It seems that she was up eating her dinner. She sprang into her bed and was, when I found her as soon as I could open the door, gasping for breath, and

* Read before Cook County Medical Society.

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clutching her chest over the region of the heart. Her face was pale and I tried to have her lie down, which I finally succeeded in doing. Then the faint was perfect, the pulse fluttered a few times and life was extinct.

This was undoubtedly a spasm of the heart, the formation of a clot in the auricles and cerebral paralysis from the fright and syncope.

Apoplexy, or cerebral hemorrhage causes death, but more slowly. The late Bishop Whitehouse was shaving one morning, apparently in the full vigor of three score years and ten, when he was stricken with apoplexy. A blood vessel in the brain gave way and the heart stopped its work in a few hours. In this case death was due to obstruction and pressure.

While in Boston in 1869, attending the meeting of the American Institute of Homœopathy, a young man was brought from a base ball field to the home of Dr. Pease, where I was stopping. He was unconscious but could be roused to recognition on vigorous shaking. His face was flushed as in coma. It seems that while playing ball he was struck in the left temporal region—was knocked senseless for a few moments but rallied and resumed his play, but soon desisted on account of headache on the right side. On the way home he became unconscious. He died in about six hours, and on autopsy we found a rupture of the right middle meningeal artery, and a blood clot as large as the hand, which had pressed the life out. Dr. Pease, who was a daring surgeon, regretted that he had not trephined the skull.

Sudden deaths in army life, outside of gunshot wounds, were rare. One case I recall was that of a vigorous young man who one hot day ate freely of green apples and lived but a few hours. The body before death became spotted. We thought that he was poisoned, but it might have been meningitis cerebro spinalis which was prevalent at that time. Vomiting was the principal symptom.

Persistent vomiting, especially complicated with convulsions in children, has been the cause of sudden deaths in several cases. Convulsion, which is really a spasm, following a rush of blood to the head, is always a serious and dangerous complication..

Mumps bilateral appeared in a woman who had reached full term. It was the first child, and she had neglected to consult

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me for a general œdema of the whole body. I was sent for in haste as she was in labor, and suffering. After every pain the swollen face became unusually pale. I expected syncope, and was not surprised when eclampsia supervened. With the hope that delivery would terminate the spasms, she was delivered with forceps, but she sank at once. The child was still-born. There was undoubtedly uræmic poisoning of several weeks' duration. Lithemia may cause paralysis, and still the patient may recover, as I may relate at some future meeting.

Cholera causes sudden deaths in some epidemics. The first case I saw in 1866 was a young man who had been out carousing all night. At 4 A. M. I found him in collapse and in two hours he was dead. The surface was of a dull leaden hue. Cholera poison seems to disorganize the blood. Perhaps Prof. Douglass can tell us what it is.

One of the most singular cases of sudden death that I now recall was that of a young man in the prime and vigor of manhood, who had spent months in the copper mines in Arizona at a high altitude. He returned to Chicago and had not been here but a month or two. One morning he was found dead in bed. He seemed well the night before but on retiring drank a glass of cider and then some milk. There was slight spasm of the muscles of the left side. The head was drawn to the right and the hands had evidently clutched at the breast. He told me one day that he was rejected for life insurance because his pulse was irregular, "skipped a beat." There was slight evidence of ventral obstruction. While in the mines in an early day he likely had an attack of rheumatism, slight perhaps, but enough to wing the heart, and it only needed an extra tax, like an over-loaded stomach, to produce a heart spasm that proved fatal.

Sudden death from heart disease is stated as due to: 1. Hypertrophy of left ventricle with atheromatus arteries. 2. Fatty heart. 3. Angina pectoris.

As a rule angina pectoris alone is not sufficient to cause death. There must be some valvular lesion and other complication. Heart disease alone is not speedily fatal. There must be a nervous or uræmic complication.

One case of a man who had attacks of angina pectoris due, I

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believe, to spinal hyperæmia, was taken with pericarditis. The spasm of the heart was extremely violent, but under those circumstances he lived twelve hours.

Apoplexy produces a slow death as a rule, but paralysis is the most rapidly fatal form of disease, coming on alone or as a complication, particularly if the nerves of either of the vital organs are involved. The modern term "heart failure" covers these cases as well as the ignorance of the attending physician. Many cases of sudden death might be prevented by previous treatment, as nearly all the patients were to a greater or less extent unwell.

NOTES OF SURGICAL CASES.

BY HOWARD CRUTCHER, M.D., PROF. OF SURGERY, HERING MEDICAL COLLEGE, CHICAGO.

Case 1.—Amalgam fillings.—A young man of 27 consulted me with reference to an intolerable facial neuralgia. His sufferings were terrific and had so interfered with his business that he feared his employers would, in simple justice, be compelled to dispense with his services. He had consulted many physicians and was "willing to have the nerves cut," or to undergo "anything necessary to bring a cure." Instead of subjecting him to the knife, I ordered his amalgam fillings out, and my advice was followed by immediate and perfect relief. These cases are increasing and no careful prescriber should overlook the possibilities of amalgam poisoning when a difficult case comes to hand.

Case 2.—Suppressed gonorrhœa—inflammation of knee joint —syphilis.—A boy of 18 sent for me on account of a painful swelling of his right knee joint. I diagnosed acute articular rheumatism. Close inquiry revealed the fact that three weeks before he had contracted gonorrhœa, which was promptly "cured" by caustic injections. Two days after my first prescription the discharge returned to the urethra, but the knee joint gave me no end of trouble. It was aspirated ten times and the inflammation subsided without the formation of pus. Prof. J. R. Boynton was called in consultation and pronounced the boy's condition to be very serious. A few days after Dr.

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Boynton's visit the patient presented a Hunterian chancre and there seems to be no doubt that gonorrhœa and syphilis were both contracted from the same woman at the same time. The incredible folly of attempting to cure gonorrhœa by local meddling is admirably illustrated by this case. It is my belief that he will always carry a stiff joint. It may be worthy of note that the gonorrhœal discharge subsided upon the appearance of the chancre.

Case 3.—Gangrenous appendicitis.—A young man of 23, a telegraph operator, came to my office one afternoon to see me about a matter of business. On turning to leave, he said: "Doctor, I have had stomachache since yesterday. It awoke me two or three times last night Do you think it necessary to give me anything for it?" Examination revealed: Normal pulse, normal temperature, right rectus muscle very tense, general abdominal pain, regular bowels, normal excretion from kidneys, acute sensitiveness over cæcal point. I diagnosed appendicitis and said: "The chances are seven in eight that you will get well without any treatment whatever, but if you happen to be the eighth man you will die. There is no way of telling the eighth man from the first. It is for you to say what shall be done." Operation next day at 9 a. m. Tait's mixture. Two-inch incision. The adhesions were dense and extensive. The appendix was three inches long, one-half lnch in diameter, strictured near the base and full of foul black pus. He left his bed on the tenth day, feeling weak but otherwise quite well. One fact connected with this case deserves especial emphasis: Up to the sixth day his progress had been without incident. Suddenly his temperature and pulse rose and pain returned to the cæcal region. After a few hours of restlessness and pain he "felt something give way," and had no more trouble. The stump of the appendix had sloughed through into the intestine. It is my invariable rule to bury the stump securely with a purse string stitch, and there is little doubt that this important feature of the technique of appendectomy saved his life.

Case 4.—Removal of breast.—A frail woman of 48, mother of several children, was brought to me by her physician, who had diagnosed mammary carcinoma. The right breast had begun to enlarge about three months before and now presented

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a hard, round mass occupying about the outer half of the gland. There was some pain but the axillary glands were not involved. My own opinion was that it was adenoma-fibroma and that removal would end the trouble. On excising the gland a tremendous gush of pus followed the scalpel and two ribs were so badly necrosed that partial resection was necessary. The entire gland, the pectoralis major muscle and portions of the fourth and fifth ribs were removed and the wound closed with a double set of sutures. Drainage was employed for forty-eight hours. Primary union, prompt recovery. The diseased mass has not yet been subjected to the microscope and I am therefore unable to give a precise diagnosis.

Case 5.—Multiple lymph tumors of neck.—R. I. S., colored, aged 40, native of Jamaica, came to me for the relief of a "swelling" in the neck. Examination showed the presence of several hard, movable bodies extending from the post-auricular region to the hyoid bone. Tait's mixture, which acted badly; pure ether did no better. Incision from mastoid process following the fold of the neck nearly to the hyoid bone. Six or seven broken down lymphadenomata were scooped out and one growth three inches long by an inch and a half in diameter was removed from the carotid sheath. The hemorrhage was tremendous and at times almost beyond control. The external jugular vein and the facial artery were cut. Removal of pressure from the vagus caused profound shock. Drainage. Wound closed with silkworm gut.

Case 6.—Recurring appendicitis.—Mrs. W., aged 22, mother of one child; history of appendicitis nine months previous. Tait's mixture. Three-inch incision. Dense layer of fat; the muscles were very thick and bloody. The appendix was buried in adhesions deep in the pelvis and from its appearance was ready for any amount of mischief at a moment's notice. Uneventful recovery.

Case 7.—Rupture of humeral attachment of brachialis anticus muscle.—Mrs. A., aged 61, fell upon a frozen sidewalk and was thought by her physician to have fractured or dislocated the shoulder. Careful examination showed the singular fact that the brachialis anticus muscle had been torn from the

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humerus. A carefully applied bandage, accompanied by a dose of Arnica, brought satisfactory results.

Case 8.—Traumatic peritonitis—absence of appendix vermiformis.—A lady aged 26, mother of two children, fell, some months ago, from a vehicle and sustained what she considered to be "a general shaking up." For weeks she complained to me of ill-defined abdominal and pelvic pains, for which I prescribed at intervals without satisfactory results. A few days ago she was taken with violent cramps and tenesmus; the pulse went up to 125, with a corresponding rise in temperature; the cæcum was very tender, but the cæcal point was not apparently involved. I diagnosed adhesions with probable involvement of the appendix. There being no favorable response to the action of remedies, I waited as long as was deemed prudent and advised an exploratory laparotomy, which was accepted. Tait's Mixture. Three inch incision; tremendous omental adhesions encircling the ascending colon: these were broken up carefully from the base of the cæcum to the hepatic flexure. Three or four slight omental bands had materially reduced the calibre of the colon. A thorough search failed to reveal the faintest trace of an appendix. Dr. W. W. Stafford, who has had a rich experience in early and invariably successful laparotomies, assisted me and we conducted a most rigid search for the missing tube, as the patient urged me to remove it whether it was diseased or not, but it was nowhere to be found. The cæcum was perfectly formed but contained no tapering tube. The operation ended the abdominal pain and cramps at once. Recovery without incident. My belief is that the colon would have been strangled in time without the operative relief.

Columbus Memorial Building.

CASE OF DIPHTHERIA.

Case.—Raymond, age 12, a sickly, overgrown boy. All the family of four children dangerously ill with malignant diphtheria. Hygienic conditions extremely bad, and nursing, food and clothing no better. Bright red swelling on inside of right side of throat—not swollen much outside. Very little fever or pain, except a general aching in the back and limbs. No further symptoms appearing Lyc., c.m., one powder, was given and

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allowed to act for four days. At that time the membrane had nearly disappeared and generally appeared much better. On the following day was taken with vomiting and violent, lancinating pains in the stomach and bowels. They were the most severe I had ever witnessed, doubling up the patient like a hoop and throwing him violently about the bed with a single bound. About this time deep purple spots, petechiæ, appeared on the ankles, kneecaps and elbows, thence over the abdominal walls. Dark, clotted blood appeared in the urine, passages, nose, gums, and the dark green matter vomited contained clotted blood also. There was an aggravation of the sufferings in the evening and night, and from the least particle of food or drink. It is needless to say that "counsel," as well as the attending physician, informed the family that death was near. However, those horrid, lancinating, tossing pains suggested one of the more virulent snake poisons, and agreeing also with the vitiated state of the blood discharged, five doses of Lach., c.m., were given each evening for a week, when the pains and hemorrhages began to abate, and the medicine ceased. It was three weeks before the extreme restrictions on diet could be at all relaxed without a return of the trouble. He is now and since well and hearty—a magnificent victory for pure homœopathy.

What a puny will-o'-the-wisp would Anti-toxine prove in such a case as I have recited. Till they can manage such cases and restore them to health with their "Antis" I shall stick to pure homœopathy and rarely lose a case.

Yours fraternally,

G. E. Clark.

TRAVELING IN CHINA.

BY A MEDICAL MISSIONARY.

It has been repeated over and over again, and everybody is proud to know it, that one of the most glorious victories of our century is our rapid communication; and indeed the genius of our time seems to have accentuated his power and mental faculties to the highest possible degree, in order to conquer inert matter and to combine an astonishing rapidity of transport with a most refined commodity of traveling. We almost succeeded

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to shorten, to wipe out and banish space and time, two powerful enemies of human reunion and progress. The advantage of this wonderful achievement is still better understood and more fully appreciated if we compare our condition with the actual condition of a less favored portion of our race who are still innocent in the matter of engines, steam and electricity. It is chiefly by comparison that splendor and beauty surpass in multiplied proportions darkness and deformity, and very frequently our intellectual eye sees and grasps the truth only then, when a comparison shows its real value.

Nothing is more surprising, annoying, troublesome and dangerous to reason and patience for an American or European than the absence of railroads when he finds himself in China and is bound to travel in the interior, across the provinces of that gigantic empire. Nothing, indeed, seemed so amazing, absurd and incomprehensible to many inquirers (who wished to hear from my lips whether there existed railways in China) than to find out from my answer that no such blessing was to the present day bestowed on the kingdom of the middle. Some of my curious friends were almost unable to conceive how a man could live without railroads; they had evidently forgotten that a man cannot always eat in proportion to his appetite When I started for my first journey in the interior of China, being fresh from Europe, I had all the good virtues and qualities of a European traveller. I was impatient, in a hurry to reach my place; I was utterly dissatisfied with the conveniences, or rather inconveniences of locomotion, and I felt that I never could become reconciled to that antediluvian method of traveling, as practiced in China (by the way, I mention that I became reconciled to it pretty soon). Reflecting which way to take, I had to proceed by a method of exclusion. I could not buy a railway ticket and calculate the hours of departure and arrival, simply because there was no ticket office and no railway far and wide within a radius of two thousand miles. I could not hire an omnibus, a diligence or a carriage, because all these vehicles suppose a road, whereupon you are able to drive; but there are no large public roads in China. Narrow paths between the fields, hardly large enough, and more frequently not large enough, to allow two horsemen to pass, lead from village to village, from town to town, in all

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directions. The government and public officials do not consider the construction of roads as a part of their duty, and the people, on the other hand, do not take private measures to supply the defect of the government as they do in some other social necessities, but seem to go along nicely without them, as their fathers and forefathers did. Only a few larger roads, but of a short extent and generally near the cities, where the emperors used to reside (as now in Peking), are existing. On these roads the Chinamen use cars, rolled by two large and heavy wheels; the mechanical principle of springs being unknown to the Chinese art, any one may imagine what a terrible torment and what a heroic courage it requires to ride a few miles over the uneven roads, with a prospect of being thoroughly shaken, and the head exposed to an unpleasant change in shape and form. But I was deprived even of this opportunity to test the endurance and elasticity of my bones. I was in the city of Han-Kow, a large town in the province Hu-pe, on the river Tang-tye-Kiang, which I had reached by steamer in three days' journey from Shang-hai. I was bound to travel a distance of about five hundred miles north to the province Shen-si I could have chosen to travel on horseback, but after a short consideration of several difficulties connected with this mode of transport, I found it impracticable, and hence my vision of horses and caravans joined the fatal end of other airy castles. Riding on horseback is a very common means in China, in traveling short distances; the horses are mostly well fitted for a slow progress, thin and peaceful, but a daily ride of 10–12 hours for a month's time was more than I ventured to undertake. Besides this I had to consider the expenses which are certainly out of proportion with the satisfaction you get either there or here in this country; especially as a foreigner my bills would look rather unusual, and needing as a stranger a kind of companion, my expenses would have been double. As a traveler I had naturally a modest baggage, consisting mostly of—books, which are a heavy burden, especially in such circumstances, and thus the number of my horses would have formed a little caravan—a romantic but dear experience. Hotels, inns, and regular meals would be a consideration of second or last importance during a journey on horseback, because all these things are out of question and it would be presumption to expect always beds,

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warm meals, cleanliness and other conveniences of that kind.

Having therefore examined all manners of traveling which were at my disposition, I resolved to choose the road, which all good Chinamen select in similar circumstances, that is the river. The Han-Kiang is a large river flowing, at Han-Kow, into the Tang-tye-Kiang, after having traversed the province Shen-si and Hu-pe The course of this river settled the plan and route of my voyage.

The rivers are indeed the great roads of traveling, the commercial veins, the arteries of the active social intercourse in China. The large and numerous rivers are always covered with ships, barks and junks of all dimensions and descriptions. When we started from Han-Kow, the mouth of the river Han was blocked with vessels for a distance of nearly three miles up and a kind of police supervision regulated the entrance and exit in and from the Tang-tye-Kiang. It looked like a forest of tall trees, like a mighty seaport, like the central railway station of a metropolis. Similar prodigious numbers of junks are anchored near all the cities along the banks of the rivers. These ships carry a formidable floating population, each of them being inhabited by one and sometimes two families, many of whom are born, live and die upon them. The ships are generally of the same architecture. The deck is covered with a roof like a Venetian gondola, and the space under cover is divided into three departments, the anterior portion is the cabin, reserved for passengers, the middle one is the kitchen, and in the rear is the habitation of the captain and his family, the space under the deck is filled with merchandise.

Traveling up the river the barks have to be pulled by hired men by means of strong cables of bamboo, and sails are used as auxiliary motor At sunset the weary men fasten the bark to a pole wherever something like a harbor is met or found, and go to rest under a problematic shelter.

It would require more than one page to describe the comedies, the dramas and tragedies of strange life which occur on board of these unsteady houses. Such traveling is naturally very slow. A wind, a storm, a heavy rain and similar causes stop the navigation for hours and days. One day our bark made only one-half a mile because the water was so shallow that our men had to plow in

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the water from morning till night. On several other days we were hardly able to run one or two miles on account of the numerous rapids and cliffs which had to be overcome. These are very dangerous places and many a junk is daily dashed in pieces by the vehement currents against the hidden rocks. The rapids present sometimes a beautiful, romantic but awful and wild aspect and impression, especially under the anticipating thought of crossing them in a bark. I saw junks carried across, slowly advancing, while covered with the splashing and angry waves, literally balanced from both shores by the support of more than 100 men. Nobody cares to do something to regulate the river bed, yea, several of these impediments are made or enlarged by art or malice, as you may call it, just to employ the inhabitants of the adjoining village in aiding the passing barks. From these few facts alone everybody will understand what primitive methods of transport are still in use in China, how slow traveling there must be and how credible or rather incredible it is to pass two or three months under the roof of a junk in order to run a distance of 400 miles, but time is the last factor which you calculate in China. When you reach your place that is all you care for. PAUL POLLACH, D. D.

MATERIA MEDICA NOTES.

One does not often think of Iodine as a remedy for diarrhœa, yet it is indicated for purulent stools, with cutting pains in the intestines, accompanied by nausea and vomiting and sour taste in the mouth. Several cases of winter diarrhœa have presented just such symptoms.

Iodine produces extreme emaciation and increases the appetite.

Iodine resembles Spongia in its therapeutic action. In children with black eyes Iodine is preferable; in children with blue eyes Spongia. The Iodine cough is moist but harsh; the Spongia—dry, barking, rough, with suffocation spells. Spongia is useful (after Aconite) at the beginning of croupous inflammation; Iodine when the membrane is extensive, with jerking breathing.

In scrofulous patients, with dry coryza becoming fluent in

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the open air, Iodine is beneficial; also when there is a chronic fetid discharge.

This is the season for neuralgias and a few hints may be acceptable.

Stannum—When the pain increases gradually to its highest pitch and then gradually declines.

Mezereum—Periodical attacks of left sided supra-orbital neuralgia, commencing in the morning, increasing until noon and then gradually subsiding until 4 P. M. (similar to Caust.)

Belladonna—Pains come on suddenly and as suddenly disappear. Face, red, hot and bloated. Aggravation from noise, light, motion and touch.

Arsenicum—Periodical neuralgia, with burning, stinging pains, aggravated at night. Amelioration from warm applications. Always to be thought of after the abuse of Quinine.

Spigelia—Ciliary neuralgia, worse about 2 A. M. Sharp, shooting pains radiate from the eye in every direction, and especially back into the head.

Rhus-tox—For facial or other neuralgias occasioned by getting wet. Stinging, burning, darting and tearing pains, somewhat relieved by cold applications. Patient is very restless and feels somewhat better from moving about.

Causticum—Intermittent neuralgia coming on at nine A. M. and going off at 3 or 4 p. m. Hardness of the muscles in the region of the pain. The pains are tearing in character.

Chelidon—Neuralgia of the eyebrows and temples, pain passing over the frontal region and the eye of the same side which is reddened and full of tears. Pain is hammering, burning, stitching or tearing, slightly relieved by pressure with the hand. Aggravation from light, fresh air or any motion of the head. The paroxysms are periodical and begin with yawning and chilliness.

The above are the most important remedies for this season of the year, when frequent showers and changes of the weather are to be expected.

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CORRESPONDENCE.

To the Medical Visitor:

A young physician or student will find a great many points in law to be learned by an occasional attendance upon the criminal court, as a spectator, especially in cases in which medical and circumstantial evidence are introduced. He will certainly find, if not familiar with practical medical jurisprudence, a great deal to govern him in his daily work, especially in accident, assault, and kindred cases. He will be surprised in a day at court to find so much that appertains to our profession.

This will save some who do not care to learn by experience the delays of court; that when summoned to appear in a case, if it is not ready for immediate trial, he can go to the judge and be excused subject to call by telephone or otherwise when wanted. His appearance may not be necessary for several days, but without excuse he will be obliged to hang around until the case is called.

Yours truly,

F. K. WATERS.

BOOKS.

A Pathogenetic Materia Medica, based upon Drs. Hughe's and Dake's Cyclopædia of Drug Pathology, by the Medical Investigation Club of Baltimore, Md. Philadelphia. Boericke & Tafel. 1895. 346 pp. Price $2.00.

This is a praise-worthy and conscientious effort to render our materia medica more scientific, and to make it a more accurate account of the pure effect of drugs upon the human system. It has rather a chilling effect on the reviewer, however, to find that "with few exceptions, Hahnemann's provings have been excluded from this work. This is not because they may not have value, but it is because sufficient details can not be obtained to prove this." Thus, on a purely technical point the very life and essence, not to mention bulk, of our materia medica is ruled out. In homely phrase, the proof of a pudding is in the eating, and the continuous daily successful use of medicines on Hahnemann's provings for now so many years, is surely proof enough of their reliability.

We quarrel, moreover, with the effort to substitute scientific

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terms in the description of symptoms, in place of ordinary language. It is no doubt true, that both the fauces and pharynx are included in the term "throat" by the prover, and we think wisely. For it is by the term "throat" that the laity describe the location of such symptoms, and not by the subdivisions fauces and pharynx. To describe symptoms by terms, not used in common speech, no matter how scientifically accurate those terms may be, is but to introduce a new complexity and difficulty in the art of prescribing. Sometimes this book, which is going to be so scientific and accurate, introduces new errors and misstatements, instead of clearing up old ones. Thus it says under Æsculus Hippocastanum:

"Æsculus in the form of a tea or decoction has been and is still, much in use in domestic practice as a cure for whooping cough."

This is not so. It is the *leaves* of *Castanea Vesca* or *Vulgaris*, the common edible chestnut, that has achieved fame in domestic practice as a remedy for whooping cough. About 1876 or '7, it was first introduced into regular practice, under the form of a fluid extract of the *leaves*.

Down south the leaves of *Fagus Castanea*, the chinquapin, are occasionally used for the same purpose, but we defy anyone to show that *Æsculus* has ever been "much in use," if at all, for any such purpose.

The meagerness of the pathogeneses found in this book, cannot but strike anyone familiar with the older standard works. This meagerness is due to the elimination of clinical symptoms, and to the substitution of some single general and therefore inexact phrase, in the place of numerous graphic particulars to be found in the language of the provers.

The work is, however, exactly what it claims to be and will meet with a warm welcome from a large and growing class of homœopathic practitioners. K.

The Free Trade Struggle in England, by M. M. Turnbull. Chicago: The Open Court Publishing Co., 1895. Price 25c.

This volume constitutes the twelfth number of the Religion of Science Library, and is one of the few of that series which can be recommended, as of interest and merit. This is so probably, because it touches upon no subject directly connected with

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either religion or ethics. It is a strong, uncompromising presentation of the folly of protection, and of the wisdom of free trade. The difficulties of understanding this vexed question are not great if one will first take a broad or general view of the subject, and thus establish in the mind general principles as to the right or wrong of it; he may then safely descend to the consideration of the particular working of it in special instances. But he will never come to a clear understanding of the question if he begins at the wrong end, by taking into consideration the effect of free trade or protection on some particular business, and from that endeavors to establish the general truth of the one or the other.

The latter case is as if a man should attempt to comprehend the general scope or plan of a house from the study of one brick. Moreover, anyone pecuniarily interested in the maintenance of either protection or free trade, is probably incapable of forming a just opinion on the relative merits of the two. Although not as interesting or brilliant a work as that of Mr. Henry George on Protection and Free Trade, it is still a valuable presentation of the subject and a credit to the series to which it belongs.

K.

The Accoucheur's Emergency Manual, by W. A. Yingling, M. D., Ph. D., Philadelphia. Boericke & Tafel. 1895. Price, flexible leather, $1.25.

It is only necessary to state that the author is a member of the International Hahnemannian Association to assure the medical public that this manual is a therapeutic one, and full of good homœopathy. It does not countenance the use of Ergot, of Chloroform, of tampons, of prophylactic injections, of ice in the vagina; nor does it mention the hundred and one palliatives and expedients introduced from the old school for use in obstetrical emergencies. There are, however, about two hundred pages of excellent therapeutic indications, in which the gist of many important remedies, especially as they bear upon the lying-in state, are given. This is followed by a second part containing a very valuable and practical repertory under such headings as Labor, Abortion, Hæmorrhage, Retained Placenta, Convulsions, and After-pains.

The use of Chloroform is a mooted question even among the

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members of the I. H. A., and we, for one, are decidedly in favor of its *proper* use, the word proper involving a good deal more than we can at present explain; but in everything else we are entirely at one with the author, and gladly welcome a work so useful and for which there is so crying a need.

Nor is it good only for emergencies; what better book could one get for studying materia medica as it bears upon obstetrics, for storing the mind with key notes of remedies, and acquiring mental pictures of the obstetrical symptoms of our important polychrests? It is emphatically a book for medical students as well as for physicians in active practice.

By its size, flexible cover, and finely gilt edges, it is especially adapted for carrying in one's case or pocket. K.

The Universal Homœopathic Annual of 1894, being a yearly report of all the homœopathic literature throughout the world and a review of allopathic works interesting homœopathy; edited by Francois Cartier, M. D. Paris, France. Price $3.00.

This volume of over 500 pages has just been received and in the short time given the reviewer to look over it, he would say that the work of the staff of editors, while not thoroughly performed, is in the main worthy of commendation. The physician needs this book in his library for frequent consultation, for he finds here, boiled down, everything of importance that was printed in the homœopathic journals during the year 1894. It is to be hoped that the editor will continue to publish it annually. For the benefit of those who have not seen it, it may be stated that it is published in the English language. A post-office order for three dollars may be sent to Dr. F. Cartier, 18 rue Vignon, Paris, France. When the book reaches the subscriber 60 cents duty will have to be paid.

Antisepsis and Antiseptics, by Charles Milton Buchanan, M.D. The Terhune Company, medical book publishers, Newark, N. J. 1895.

The first forty or fifty pages of this useful little book are taken up with a very interesting historical account of antisepsis from the most ancient times down to the present day. There are a number of pleasing illustrations, such as Ambrose Paré demonstrating the use of ligatures, Prof. Nicholas Senn in his clinic, antiseptic surgery on the battlefield, etc. A complete

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history of the various antiseptics that are in use, with a running commentary on their comparative value occupies the rest of the volume. K.

Vaccination No Safeguard Against Smallpox, by W. B. Clarke, M. D., Indianapolis, Ind. Read before the American Association of Physicians and Surgeons, at its annual meeting at Indianapolis, January 14th, 1895. Reprint from the Medical Free Press, Indianapolis.

Surgery 200 years ago, illustrated from original copper plates. This interesting little book is being sent to the physicians of the country by the Antikamnia Chemical Co. The illustrations show what a vast difference there is between the surgery of 1700 and 1895.

Bicycling for Women from the Standpoint of the Gynecologist, by Robert L. Dickinson, M. D., Lecturer on Obstetrics and Obstetrician to Long Island College Hospital. Reprint the Amer. Journ. of Obs.

The Defective Classes and Legislation for the prevention of Blindness, by Boerne Bettman, M.D., Professor of Ophthalmology in the Chicago Post-Graduate Medical School, etc.

Ripening of Immature Cataract by Direct Trituration, by Boerne Bettman, M. D., of Chicago. Reprint Annals of Ophthal. and Otol.

Subvolution—A new Pterygium Operation, by Boerne Bettman, M. D., Chicago. Reprint Journ. of the Amer. Med. Assoc.

Hospital Nacional Homeopatico Mexicano. Half yearly report, ended Dec. 31, 1894. Total number of cases treated 10,449.

Biennial Message of John P. Altgeld, Governor of Illinois, to the 39th General Assembly. January 9, 1895.

GOSSIP.

We notice that a homœopathic journal published in the "effete east" has started a branch office in Chicago. This recognition of the shaggy and swaggering west, was no doubt compelled by the grim, undeniable fact that there are more homœopathic practitioners tending to business in Chicago than in any

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other city in the world. We congratulate our oriental contemporary, and trust that with its advance toward the setting sun, there will come to it some of that rude vigor, tempered with retiring modesty, that characterizes the medical journalism of the west.

The annual meeting of the American Medical Publishers' Association will be held in Baltimore, on May 6, convening in the parlors of the Eutaw House, at 9:30 A. M. An interesting program is being prepared.

I am a constant reader of THE MEDICAL VISITOR, whose piquant pages are very stimulating and instructive.

Very truly yours,
S. L. EATON.

Prof. Sheldon Leavitt goes to Europe the last of March to be away until August 1. His time will be spent in the London, Paris and Berlin hospitals in the study of surgical gynecology. His son (a medical student), and his entire family accompany him.

Dr. E. R. McIntyre won his suit. He had been sued for malpractice but it was shown conclusively that the doctor was not at fault, but on the contrary, was very skillful.

According to Obetz it costs $14,200 to graduate a homœopathic student at Ann Arbor, and $1,218.50 to graduate a regular. Whose fault is it? Had there been more homœopathy at Ann Arbor the cost of graduating homœopathic students would have been reduced to $300 or less. And after all this sad experience there are some who would advise amalgamation with the regular school, when the cost for homœopathic students would be 0, for there would be none. Better close up the homœopathic department and say no more about it.

The Illinois list of physicians contained in this number ought to be nearly if not quite complete. Over 200 changes have been made since its publication a year ago. Thanks are due to Gross & Delbridge, Boericke & Tafel, and Halsey Bros. for assistance rendered in correcting the list.

The third annual commencement exercises of Hering Medical

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College will take place at the Grand Opera House Tuesday, April 9. Prof. J. B. S. King will deliver the valedictory address. The graduating class will be in the neighborhood of thirty.

The nineteenth annual session of the Missouri Institute of Homœopathy will be held in Kansas City, Mo., on Tuesday, Wednesday and Thursday, April 23d, 24th and 25th, at the Midland Hotel.

This session will be of more than ordinary interest, not alone for the excellency of the medical papers, and preserved specimens; but because legislative questions will be given the most thorough ventilation and discussion in the history of the society.

The Homœopathic Medical Society of Chicago will give a banquet on the evening of April 11, Hahnemann's birthday. The occasion will bring out nearly all the homœopathic physicians in the city if the hotel selected is down town. There are over 350 homœopathic doctors in Chicago and they are all expected to be present.

There will be a joint meeting of the Tennessee and Alabama Homœopathic Medical Societies, at Huntsville, Alabama, May 14 and 15, 1895.

The commencement exercises of the Southwestern Homœopathic College of Louisville were held at Macauley's theatre, Friday, March 15th.

The second annual post-graduate course of the Hering Medical College and hospital will begin April 2 at 9 A. M. and continue three weeks.

The April meeting of the Homœopathic Medical Society of Chicago will be held at the Great Northern Hotel April 3d. Drs. Delamater and Halbert will read papers.

RECENT DEATHS.

1894.

Dec. 26, B. W. Morse of Elmira, N. Y.

1895.

Jan. 15, Dr. Wm. A. Reed, of Philadelphia, aged 67.

Feb. —, Dr. H. H. Townsend, Pontiac, Ill.

Feb. 4, Dr. N. Schneider, of Cleveland, O.

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A. J. Tafel, of the well-known firm of Boericke & Tafel, died suddenly March 9 at his home in Philadelphia, of heart disease. Mr. Tafel was born September 13, 1839, at Ulm, Germany. Having a liking for science, he studied chemistry for two years, and, when but 14 years of age, came to America. He studied pharmacy in this country and was for a while in the drug business at Cincinnati. For three years he served in the army during the civil war, being a private in Company K, 27th Pennsylvania volunteers. Colonel Gustave Tafel, of Cincinnati, a brother of Adolph, was a well-known soldier in the war of the rebellion.

CLIPPINGS.

The public is acquiring a holy horror of modern science, inasmuch as it is constantly discovering hidden and hitherto unexpected powers of evil. One popular pleasure after another has been attacked by scientists on the ground of their revealed danger, and quite recently it was proved to demonstration that kissing was a most poison-bearing form of greeting. Recently a distinguished physician has drawn attention to the probability that both coal and gas may be the cause of many cases of obscure poisoning. He points out that arsenic is a considerable constituent of coal, and that there can be no doubt it must be liberated in the form of vapor during the process of combustion, from which it follows, also, that ordinary gas contains a considerable quantity of this deleterious product. Given arsenic in the atmosphere to any marked extent, and the argument is simple that it will be inhaled into the lungs, and that some of it may, therefore, be absorbed from the mouth. The observer in question has been investigating the quantity of arsenic excreted by persons suffering from obscure diseases, and he has found that in many of these cases a large amount of arsenic was being eliminated. Beyond the fact that arsenic was therefore being absorbed in quantities, probably sufficient to cause symptoms of poisoning, it was certain that quite enough was in the body to cause a gradual degenerative change in the kidneys.—*Charlotte Med. Journ.*

Coroner Beckwith and Health Officer Woods of this city report a case of confinement in a young woman, aet. 24, which is probably one of the most remarkable in the annals of obstetrics. A woman by the name of Minnie Schultz had been at work in one of the hotels in Toledo when labor came on. Not

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wishing to have the people in the hotel acquainted with her condition, she stepped into an adjoining room and gave birth to an eight months' old fœtus. Immediately afterwards she came back to the part of the house where she had been at work, and resumed her labors. In the evening she attended the theatre with a friend, and after remaining three hours or more in the playhouse, she went to another part of the city for the night, a distance of some fifteen or twenty blocks. At 2 o'clock in the morning she was arrested by the detectives on the charge of infanticide, and was removed to the police station in the patrol wagon. It was not until this time that she showed signs of having been delivered, and she was accordingly removed to the hospital. The woman is Polish by birth, and had been previously married, giving birth during her marital relations to two well developed children.—*Am. Med. Comp.*

CONSTIPATION ET DANSE DU VENTRE.—M. Simon records the interesting case of an actress who suffered from constipation from childhood, and who had never been benefited by any plan of treatment. It became necessary for her to practice the *danse du ventre,* when her constipation disappeared as by enchantment! —*Amer. Pract. and News.*

THE CAUSES OF DEATH.—According to the census of 1890, of every 10,000 deaths in the United States 1 will be from calculus, 35 due to Bright's disease, 40 to fevers other than typhoid, 59 to rheumatism, 70 to scrofula, 130 to cancer, 140 to apoplexy, 148 to whooping cough, 160 to dysentery, 190 to meningitis, 220 to scarlatina, 246 to ague, 250 to convulsions, 310 to typhoid fever, 350 to heart trouble, 480 to diphtheria, 880 to diarrhœa, and 1,420 to phthisis. Of this number 2,210 are from typhoid, diphtheria and phthisis, all of which are preventable, and if we take in whooping cough, dysentery, scarlet fever and diarrhœa, we shall have more than one-third of all deaths at the present time from preventable causes.—*Pac. Med. Journ.*

THE DREAMS OF THE BLIND.—Dr. William W. Ireland gives an interesting *résumé,* in the *Journal of Mental Science* for January, of an article upon this subject by Friedrich Hitschmann, appearing in the *Zeitschrift für Psychologie und Physiologie der Sinnesorgane.* Mr. Hitschmann became blind in the third year of his life, but is still able to distinguish between light and darkness. He never dreams of seeing, and does not share the fancy of the poets that the spirit, freed during sleep

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from bodily restraint, can realize the gift of sight. He tells us that the blind, in general, have weaned themselves from their deficiency, and feel themselves in an accustomed and natural condition. They have not that painful longing for light which those who have all their senses sometimes poetically ascribe to them. Naturally their dreams are compounded of the other sensations, especially the impressions of hearing. The blind dream much of voices, by which the persons of their acquaintance are recognized, whereas the seeing often dream of faces and figures; sometimes animals, especially dogs and birds, seem to the sightless to have human voices, and to be gifted with speech. A blind man who traveled home once a year used to dream of the journey by rail. In this case the dreams were made up of the lumbering of the wheels, the whistle of the locomotive, the feeling of fresh air through the open windows, and the smell of food sold at the station.

Mr. Hitschmann tells us that, while the dream-world of the blind is poor in sensory images, it is rich in abstract phenomena. It is characteristic of their dreams that the sleeper often feels himself a spectator as if he witnessed a play in a theatre. He seems to witness novels, dramas, or philosophical lectures. It is supposed that these appear to come through the ear, for he tells us that he never dreams of handling a book for the blind, or of using his writing apparatus. Seeing people, however, seldom dream of reading and scarcely ever of writing —*Univer. Med. Journ.*

THE UNIVERSAL CAUSES OF DISEASE.—I believe that close observation and long experience will teach a medical man that the greatest universal cause of disease is *laziness*. The next greatest cause is *selfishness*. Following this, a close third, comes *ignorance*.

Rid the world of these three, and there would be but little occupation for the physician.—*Med. Prog.*

PELVIC MASSAGE FOR HABITUAL MISCARRIAGE. — Dr. Malengreau (*Medical Week*) has recently pointed out the interesting fact that habitual miscarriage is often due to local induration of the uterus or cicatricial contractions of the ligaments. These conditions may often be cured by rapid pelvic massage skillfully administered. In one case reported by Dr. Malengreau, the treatment was applied during the early stage of pregnancy in a case in which a number of miscarriages had occurred in succession at the seventh month and in which a contracted ligament was found. The contraction was overcome, the adhesions were broken up as the result of fifteen treatments, and the patient gave birth to a living child at the full time.—*Mod. Med.*

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LIST OF HOMŒOPATHIC PHYSICIANS.

ILLINOIS.

CHICAGO.

Adams, Charles, 206 28th st
Adams, C. F. 1247 Wrightwood av
Adams, J. A. D., 2605 N Robey st
Allen, E. T., 31 Washington
Allen, H. C., 5142 Washington av
Amerman, F. A., 6238 Madison av
Amerson, W. H., 1851 Sacramento
Anderson, Eliza F., 4705 Indiana av
Andrews, Sarah W., 325 Bowen av
Armstrong, Sara B., 3220 Calumet av
Arnulphy, B. S., 5223 Jefferson av

Bacon, E. Z., 5545 Wentworth av
Bailey, E. S., 3034 Michigan av
Ballard, T. O.
Barnum, A. D., 532 63d st
Barrows, R. M., 6413 Sheridan av
Bassett, C. F., 20 Aldine Sq
Bassett, Susan A., 871 Sawyer av
Beach, Geo. L., 71 Washington st
Beaumont, J. F., 103 State
Becker, A., 540 Milwaukee av
Becker, W. F., 1099 W Taylor
Bedford, Lyman, 219 42d
Beebe, A. G., 582 W Adams st
Beebe, C. M., W Washington
Beebe, H. F., 42 Penn st
Bernard, Chas., 954 N Halsted st
Bigelow, Anna L. H., 4206 Beardsley av
Blackwood, A. L., South Chicago
Blouke, M. B., 193 S Campbell av
Boetcher, H. R., 70 State
Boll, Theo., 720 Belmont av
Bonniwell, W. A., 657 Pine Grove av
Booth, A. J., 1155 N West av
Bowerman, Mrs. M. A., 3948 Cottage Grove
Boynton, J. R., 103 State st
Brady, G. P., 554 55th st
Brandon, J. D., Inter Ocean Bldg
Branen, Frank, 963 W Monroe
Brown, Lucy H. A., Normal Park
Bruce, E. M., 144 54th
Bruce, Susan E., W Harrison
Buchanan, Helen, 6352 Oglesby av
Buck, W. H., 5137 Jefferson av
Buffum, J. H., 34 Washington st
Burdick, A. L., 656 Monticello av
Burnett, Mary W., Central Music Hall
Burnside, A. W., 833 W Washington
Burt, Wm. H., 714 W Monroe
Butler, T. O., 72 Throop

Campbell, Alice, 5704 Madison av
Canfield, Mrs. C. T., 244 Lincoln av
Carder, Geo. H., 7748 Sherman st
Carlstein, J. A., Ravenswood
Carr, J. W., 2221 Wabash av
Carr, R. A., 1644 W Jackson
Cheeseman, W. O., 163 State st
Chislet, H. R., 3034 Michigan av
Clark, Jas., Hahn. Hosp.
Clarke, W. C., Ellis av and 39th st
Clements, H. C., 1240 Wabash av
Cobb, J. P., 3156 Indiana av
Collier, Amy W., 3249 La Salle st
Collins, C. D., 380 W Harrison st
Colwell, B. L., 3014 Calumet av
Combs, T. W., 457 47th
Converse, E. D., 418 Center st
Cornue, Percy W., Cook Co. Hosp.
Costain, T. E., Lincoln Park Sanitarium
Cottlow, B. A., 198 Bowen av
Cowperthwaite, A. C., 31 Washington
Crary, C. W., 83 47th st
Crawford, A. K., 70 State st
Creighton, Martha J., 4217 Ellis av
Crutcher, H., 103 State

Dal, J., 142 Evergreen av
Davisson, W. M. W., 1343 W Lake st
Day, C. W., 3255 Prairie av
Day, L. A. L., 103 State st
De Berg, C. B., Englewood
Delamater, N. B., 31 Washington st
Dewey, J. R., 742 W Adams
Dickson, G. B., 5 Robey st
Donaghue, Elizabeth B., 206 Rush st
Douglas, S. S., 359 W Jackson
Douglas, C. J., 5101 Lake av
Drais, L., 313 63d st

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Drake, C. St. Clair, 165 Ashland boul
Duncan, D., Central Music Hall
Duncan, Sarah B., Auburn Park
Duncan, T. C., 100 State st
Dunn, Wesley A., 31 Washington

Ebersole, S. D., 2388 Indiana av
Eberth, Mrs., 2918 Cottage Grove av
Edler, A. S., 204 Evergreen av
Ehrlich, H., 642 Lincoln av
Eldridge, C. S., 70 State st
Ely, C. F., 34 Washington st
Emory, Sara, Bancroft Hotel
Eskridge, Belle, 4300 Emerald av
Evans, C. H., Milwaukee av
Evans, O. C., 52 Center st
Everett, F., 402 Center st
Ewing, Alice, 181 53d st
Ewing, Mary L., 43 N Sheldon st

Fairbanks, C. D., 6342 Yale st
Fellows, C. G., 70 State st
Fellows, H. B., 2969 Indiana av
Fisher, C. E., 31 Washington
Flaws, Emily, 5741 Wentworth av
Foote, W. K., 31 Washington st
Forbes, J. M., 2216 Wabash av
Foster, F. H., 34 Washington st
Foster, J. M., 6307 Yale st
Foster, R. N., 553 W Jackson st
Fowler, Ada A., 870 W North av
Fox, Mrs. H. M., 3339 Rhodes av
Frain, Mary J., 1536 Ogden av
French, Mrs. A. J., Grand Crossing
French, M. R., 44 Madison
French, S. M., 64 23d st
Frischkorn, C., 328 N Paulina
Fritts, L. C., 6130 Ashland
Fruit, W. E., 823 W 47th
Fuller, E. M., Fernwood
Fuller, C. G., Central Music Hall

Galster, —, 21st and Peach
Gatchell, Chas., 162 30th
Geisse, Emma, Hyde Park Hotel
Genius, A. E., 3001 Michigan av
Genius, R. N., 3001 Michigan av
George, E. J., 103 State
Gibbons, Mary D., 847 Fulton st
Gilman, J. E., 2419 Indiana av
Godfrey, Julia, 1171 Millard av
Goodrich, A. Amelia, 7142 Emerald av
Gordon, A. H., 207 E Chicago av
Graves, Kate I., 5663 Washington av
Gregg, Mary E., 503 Fullerton av
Green, Isadore L., 315 Lincoln av
Greenleaf, Geo. T., 6557 Wentworth
Gross, Maria M., 48 Madison st
Gross, James E., 48 Madison st
Grosvenor, L. C., 185 Lincoln av
Grosvenor, L. U., 756 Kenmore av
Guillaume, F., 2119 Archer av
Gwynne, E. E., 407 Center st

Hagadorn, Peter, 2341 Wentworth av
Hadfield, G. A., 438 57th st
Halbert, H. V., 70 State st
Hale, E. M., 65 22d st
Haley, W. F., 1260 Wilcox av
Hall, A. C., Jr., Grand Crossing
Hall, C. B., 5516 Jefferson st
Hall, J. T., 2226 Wabash av
Halphide, A. C., 3455 Cottage Grove
Hanna, W. B., 455 W Washington
Hannah, Helen M., 3030 Prairie av
Harmon, Henry, 273 N May st
Harpole, C. B., Cook County Hospital
Harris, A. F., 514 61st st
Harvey, W. S., 483 W Adams st
Hawkes, W. J., 100 State st
Hayes, E. H., 42 E Van Buren
Haynes, Mrs. C. M., 3838 Dearborn st
Hedges, L. C., Ravenswood
Hedges, A. P., 1383 N Clark
Hedges, S. P., Central Music Hall
Hemsteger, J. A., 3836 Vincennes av
Henderson, B., Hahn. Hosp.
Henn, C. N., 1103 Milwaukee av
Henn, Mary, 1103 Milwaukee av
Hinricksen, J. A., 395 W Chicago av
Hinman, A. W., 720 W Washington
Hinz, Augusta, 426 La Salle av
Hobson, Sarah, Windsor Park
Hogan, C., 161 W Madison st
Hogen, Sarah A., 2514 Calumet av
Holbrook, F. D., Central Music Hall
Hollingsworth, R. E., 6356 Stewart boul
Holman, E. E., 6308 Yale st
Honberger, F. H., 3808 Indiana av
Hood, C. T., 31 Washington
Hoyne, T. S., 1833 Indiana av
Hotchkiss, B. L., Argyle Park
Huffaker, T. S., 3900 Cottage Grove
Hughes, Geo. L., 5954 Wentworth av
Hulette, S. E., 3420 Calumet
Hunter, C. R., 6800 Yale st
Hutchins, A. V., 964 W Monroe st
Hursh, G. W., 630 W Congress

Jackson, Stella E.
Jackson, F. F., 3 Lexington av

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Jacobi, Stella E., 822½ W Madison st
James, Lizzie, 212 55th
Jansen, Anna C., 288 N State st
Johnson, J. H. S., 895 W North av
Johnson, W.S., 5332 Washington av
Johnson, W. M., 70 State st

Kahlke, Chas. E., Cook Co. Hosp.
Kanouse, E. M., Moreland
Karst, F. A., 636 Sedgwick st
Keeler, H., 3543 Prairie av
Keith, E. W., 5806 Jefferson av
Kelmar, Anna, 5735 Indiana av
Kemp, N. C., 103 State
Kerch, H. E., Cook Co. Hospital
Keyser, Philip H.
Kirkpatrick, J. A., 4250 Langley av
King, John B. S., 240 Wabash av
Kippax, J. R., 3154 Indiana av
Kjellburg, E., Central Music Hall
Kline, Minora, 6423 Champlain av
Koch, E. P., 19 N Ashland av
Koier, C. M., 192 W Division st
Koier, L. C., 144 W Blackhawk st
Kruger, J. H., 9151 Commercial av

Landreth, Mrs. H. M., 3307 Cottage Grove
Lane, M. M., 104 29th st
Lathrop, E., Auburn Park
Lawrence, M. B., 701 63d.
Leavitt, S., 148 37th st
Leihman, Miss Cornelia V., Plaza Hotel
Lemker, H. L., 397 N Wells
Le Roy, E. M., 207 Clark st
Lieb, Alpa R., 171 22d st
Liljeroth, Anna, 111th Roseland st
Lockwood, F. H., 354 N Clark st
Low, J. A., 2452 Indiana av
Low, Miss Julia, 4756 Kenwood av
Lowry, Mrs. L. R., 1301 Milwaukee
Ludlam, E. M. P., 103 State
Ludlam, R., 1823 Michigan av
Ludlam, R., Jr., 1823 Michigan av
Ludwig, C. H., 600 Lincoln av
Lundeborg, A. S., 3433 Indiana av
Lundgren, S. A., 544 59th st
Lyon, H. N., 34 Washington st
Lyon, Ellen, 39 Bellevue Place

Mack, Mary, 312 E 40th
Maas, Elizabeth, Hahn. Hospital
MacCracken, Mrs., 4300 Lake av
MacCracken, W. P., 4300 Lake av
Malok, Jno., 512 Noble st
Maxwell, Geo. B., Cook Co. Hosp.
May, J. A., 407 S. Francisco st
McCormick, F., 516 S Wood st
McDowell, C., 437 Center st.
McGill, J. P., 4810 Cottage Grove
McIntyre, E. R., 341 N Clark
McIntyre, Belle, 341 N Clark
McKay, A. F., 142 Monroe st
McKinney, S. P., 829 Warren av
McMullen, D. M., Central Music Hall
McLachlan, J. W., 5700 Lake av
McMichael, O. W., 180 Wabash av
McPherson, John, 2400 Prairie av
Melendy, Mary R., 3019 Indiana av
Mendel, Mrs. S. A., 4848 Ellis av
Messenger, Mrs., Central Music Hall
Miessler, E. G. H., 737 S Halsted
Mighell, Ina M., 197 So Western av
Miller, A., 872 S Ashland av
Miller, L. J., 2708 So Park av
Mills, J. P., 518 W Adams st
Miller, E. P., 113 Adams
Misick, O. S., Schiller Building
Mitchell, C., 70 State st
Mitchell, J. S., 2954 Prairie av
Mix, H. P., 532 63d
Morin, D., 390 Blue Island av
Morris, R. N., 394 Dayton
Moss, O. B., 16 Bishop court
Moth, M. J., 3438 Indiana av

Neilson, N. J., 39 Ray av
Neilson, Theo., 395 W Chicago av
Nelson, Bertha, 3101 Wentworth
Newell, R. C., 70 State st
Noyes, W. F, 182 State

Oliver, T. T., 2306 Indiana av
Olds, W. M. B., 83 Lincoln av
O'Neal, J. F., 5102 State st
Orr, Julia M., 3958 Langley
Owens, M G., Hahnemann Hosp.
Owsley, Linnie, Baptist Hospital

Parker, Anna M., 53 Warren av
Parker, Helen, 53 Warren av
Parker, Victoria, 2226 Congress st
Paul, P. D., 343 N Clark
Pease, F. O., 4056 Vincennes av
Peckhart, Kate, 513 63d st
Peiro, F. L., McVicker's Theater
Pepoon, H S., Lake View
Pettit, J., 656 63d st
Pierce, O. F., 846 W 22d st
Pierson, H. W., 6600 Yale st
Pike-Barstow, Rhoda, Irving Park
Poppe, Otto, 2727 Portland av
Pratt, H. P., Masonic Temple
Pratt, E. H., Central Music Hall
Prince, Isaac, 91 Heine st
Printy, J. A., 598 Lincoln av
Prosser, A. E., 37 29th st

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Pusheck, C. A., 271 Oak st
Pitcher, Festus F., Cook Co. Hosp.

Ranger, J. N., Masonic Temple
Reasner, Mrs., 319 Cedar st
Rea, Sarah M., 4338 Ellis av
Reed, E. C., 195 Powell av
Reininger, E. E., 353 S Oakley av
Reise, J. A., 314 N Wood
Richards, G. E., Central Music Hall
Riddle, O T., 935 Milwaukee av
Roberts, T. G., 99 37th st
Robertson, J. E., 2505 Cottage Grove av
Rockwell, C. B., 5401 Madison av
Rockwell, G., 5401 Madison av
Roesche, F., 113 Adams st
Rogers, L. D., 441 Dearborn av
Rogers, S. Ida, 441 Dearborn av
Russeque, H. E., Masonic Temple
Ruggles, E. W.

Sachtleben, E.S.A., 2883 Archer av
Sandbury, Karl, 1806 Deming ct
Sanders, H. B., 268 31st st
Saunders, Vida A., 3024 Indiana av
Sawyer, E. W., 103 State
Sawyer, A. P., 875 Warren av
Schaefer, Konrad, 574 Flourney st
Scheuerman, F, 191 North av
Schmidt, J. A., 2554 S Halsted st
Schneider, S H., 210 Dearborn av
Schoch, L. E., 1268 W Madison st
Scholer, E. C., 886 Lincoln av
Schrader, W. H., 3974 Drexel
Schumchow, H., 613 N Ashland av
Shears, Geo. F., 3130 Indiana av
Sheldon, Mrs. H., 2965 S Park av
Shibley, Mary, 144 Oakwood boul
Shultz, L. A., 338 E 63d
Siegmund, Emelie R., 39 Menomonee
Skiles, H. P., 963 W Monroe st
Slaught, A. W., 4712 Wabash av
Smith, Caroline F., 5120 Hibbard av
Small, H. N., 188 Clark st
Smiley, H. F., So. Englewood
Smith, R. L., 3157 S Park av
Smith, Julia M., 278 41st st
Smith, Espy L., 970 W Polk st
Smith, Emmet L., Grand boul and 43d
Smith, O. L., 4700 Evans av
Smith, Jennie, 665 Sedwick
Smith, Julia H., 521 Dearborn av
Smith, Maria, 453 35th st
Snyder, O. C., 42 Scott
Sommers, M. A., 689 Bloomingdale av
Souder, 242 Garfield boul
Spach, A. B., 312 63d st
Sparling, E. H., 6737 Yale st
Spooner, H. M., 267 Hermitage av
Stafford, W. W., 2334 Indiana av
Stearns, W. M., 31 Washington st
Stratten, H., 545 La Salle av
Steinhaus, H., 479 Noble st
Stettler, C. S., 181 Dearborn av
Streeter, J. W., 2001 Prairie av
Straub, Effie T., 922 N Clark
Stubinger, C. L., 122 Seminary av
Swan, C. J., 84 Washington st
Sweet, E. C., 70 State

Taylor, Cora E., 6356 Stewart av
Taylor, J. M., 67 37th
Thacher, C. I., Central Music Hall
Theobald, George, 753 S Halsted st
Thomas, A. E., 177 31st
Thome, A. G., 239 Lincoln av
Thompson, J. J., 31 Washington
Thompson, M. M., Monroe and Hoyne
Tomhagen, J. A., 103 State
Tooker, R. N., 263 Dearborn av
Tremaine, J. E., 131 53d
Tremaine, O. G., 145 Oakwood boul
Trimmer, E. T., Englewood
Trine, T. H., 2204 Michigan av
Trowbridge, Wm. M., Cook County Hospital
Turbine, L. M., 103 State st

Ulrich, J., 202 Center st

Valentine, Jas. C., 2328 Prairie av
Valentine, Sara, 2328 Prairie av
Van Horn, Mary, 467 Milwaukee
Van Patton, A. M., 408 Bowen av
Vary, W. H., 32 N Wells st
Vaughn, E. E., 31 Washington
Vieth, W. R., Garfield boul and Emerald av
Vilas, C. H., Central Music Hall

Wales, A. H., Ellis av and 43d
Walls, C. B., 144 So. Kedzie st
Warner, W E., 103 State
Warren, May, 78 Lincoln av
Washburn, Geo. F., 197 47th
Watson, Flora M., 3009 Cottage Grove av
Waters, F. R., 18th and State sts
Watry, J., Central Music Hall
Webster, J. B., 63d and Stewart
Weeks, George H., Central Music Hall
Weilhart, Mrs. C. E., 3709 Ellis av
Weirick, C. A., Central Music Hall
Wellington, Gertie, 726 W Washington

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Wells, Mrs. C. J., 3024 Indiana av
Whaling, Julia C., 4100 Lake av
White, Wm. S., 70 State
Whiting, Thomas H., McVicker's Theater
Wilkins, F. B., Ravenswood
Willard, W. G., 643 W Washington
Williams, T. H., 976 Millard av
Williams, C. A., 5131 Kimbark av
Williams, Ed., 4405 S Ellis av
Willing, S. E., 254 92d st
Wilson, F. E., 1307 W Madison st
Wilson, A. L., 6335 Stewart av
Woodbury, W. H., 22 Central Music Hall
Woodward, A. W., 130 Ashland av

Yeomans, Clara, 3206 Rhodes av
Young, J., 351 Cleveland av
Young, Anna, 351 Cleveland av

Abell, E. J., Joliet
Adsit, J. S., Hoopeston
Allen, J. S., Keithsburg
Allen, L. E., Sterling
Alpers, J. H., Rantoul
Ames, E., Antioch
Anthon, W. L., Marshall
Armbreuster, H. G., Steeleville
Armstrong, W. P., Springfield
Arnold, R., Braidwood
Arp, August, Moline
Aurand, O. J., Milledgeville
Artsman, F., Springfield
Asbury, J. M., New Haven
Ashby, S. F., Yellow Creek
Aszman, M., Chester
Aurand, S. H., Pearl City
Austman, L. A.
Auringer, A. E., West McHenry
Ayers, M., Rushville

Backus, J. B., Braidwood
Bacmeister, T., Toulon
Bahrenburg, J. P., Nashville
Baker, A. E., Baldwin
Baker, R. H., Mt. Carroll
Baldwin, H. N., Peoria
Ballou, E., Nunda
Barnes, Addie M., Danville
Bartlett, F. L., Aurora
Bascom, H. M., Ottawa
Bassett, H. W., Oak Park
Bates, F. H., Elmhurst
Beardsley, E. J., Champaign
Bell, J. A., Naperville
Bennett, J. C., Evanston
Bennett, Annette, Park Ridge
Bennett, S. E., Warsaw
Benson, C. H., Latham
Benthall, E. D. W., Evanston
Bergman, N., Dwight
Bingham, A., Harvard
Bishop, S., Bloomington
Bivins, —, Shelbyville
Black, J. L., Palatine
Blackman, O. B., Dixon
Blaisdell, W. O., McComb
Boaz, C, Mattoon
Bohn, E. A., Greenville
Bolton, W. B., Limerick
Bolton, —, Chillicothe
Booker, C., Newton
Bothwell, R. S., Batavia
Bower, E. C., Bradford
Boyd, W. A., Rockford
Boyer, J. H., Virden
Boynton, S. R., Sparta
Bradford, E., Rock Island
Bragdon, M. C., Evanston
Breed, G. H., Monmouth
Breed, S. R., Du Quoin
Brewer, D., Fairbury
Bridge, W. C., Elgin
Bronson, J. E., Metropolis City
Brown, Mrs. L. G., Rockford
Brown, G. W. I, Dixon
Brown, R. W., Marseilles
Brown, S. F., Streator
Bucknell, S. E., New Douglas
Bumsted, S. A., Decatur
Bushee, G. B., Cambridge
Butler, J. P., Ladd

Campbell, H. D., Sparta
Campbell. J. A., Austin
Carley, D. H. W., No. Harvey
Carman, F. W., Prophetstown
Carolus, W. B., Sterling
Carr-Stevens, C. Jenny, Joliet
Carrier, C. W., Des Plaines
Carter, L. W., Peoria
Catherwood, T. L., Shelbyville
Cattron, W. O., Pekin
Chopman, G. L., Polo
Chappell, W. H., Oregon
Chase, M. J., Galesburg
Childs, A. S., Wilmette
Clark, J. N., Rosiclare
Clapp, E. P., Evanston
Clayton, A. B., Evanston
Cleary, M., Galena
Clemens, F. L., Canton
Clendening, —, Maywood
Coe, R. G., Canton
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Colwell, C. E., Aurora
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Crandell, O. H., Quincy
Cromwell, P. I., Wilmington
Culter, F. O., Gibson City
Culver, S., Sandwich
Currier, L. M., Freeport
Cushing, Charlotte, Hinsdale

David, J. C., Sandwich
Davidson, D., Oak Park
Davis, O. C., Joliet
Davis, A. C., Farina
Davis, H. G., Rockford
Dean, W. F., LaGrange
DeSouchet, A. L., Hinsdale
Dick, J. R., Windsor Park
Dickinson, —, Abington
Dickinson, J. D., Galva
Dietrich, F. A., Freeport
Dilliard, E., Stillman Valley
Dowler, M. M., Beardstown
Downer, A. G., Princeton
Downey, F. E., Clinton
Downs, J. M., Ottawa
Dudley, F. I., Cerro Gordo
Dulany, J. H., Long Prairie
Duncan, J. C , LaMoille
Dunham, J. B., Wenona
Dunn, Geo. W., Fithian
Dunn, C. N., Centralia
Dunn, H. S., Centralia
Durin, J. M., Stewart

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Ebersole, J. R., Monmouth
Edens, Georg, Danville
Egert J., Grossdale
Emery, Cora, Geneseo
English, F. N., Mendota
English, M. L., Villa Ridge
Enos, C., Jerseyville
Enos, C. R., Jerseyville
Enos, J. W., Alton
Enos, S. C., Alton
Enos, W. H. Alton
Enos, L., Alton
Eshbaugh, W. S., Marengo
Eshbaugh, Mrs. W. S., Marengo
Eshbaugh, A. S., Lexington
Estabrook, W. W., Jerseyville

Faber, Carl, Blue Island
Farrell, C. T., Cobden
Feltz, J., Chester
Field. Laura B., Henry
Field, S., Hillsboro
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Foster, W. A., Broadwell
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Franklin, W. R., Rockford
Fraser, W. W., Farmington
Frazee, C. A., Springfield
Fritze. A. E., Ellis Grove
Fouser, A. R., Rochelle
Fouser, H., Momence
Funkhouser, R. M., Burnt Prairie
Fusch, Chas., Lincoln

Gaffney, E. C., Springfield
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Gilbourn, H., Kankakee
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Goodrick, M. H., Jacksonville
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Gould, W. W., Rochelle
Gray, J. H., Morrison
Griffith, A. S., Lebanon
Grove, Della, Harvey

Hale, J. A., Olmstead
Haley, H., Champaign
Hall, A. G., Champaign
Hall, W. H., Havana
Hall, H. H., Bement
Hallett, J., Bloomington
Halsted, M. A., Jacksonville
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Harris, R., Macomb
Harvey, J. B., Galesburg
Hattan, A. H. Peru
Hayes, R. F., Freeport
Hazleton- C. N., Morrison
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Hench, Jno. B., Hinsdale
Hendy, Clara, Oak Park
Henry, R. H., Peotone
Henry, R. N., Odell
Herrick, E. L., Hebron
Higley, Ed. S., Glen Ellyn
Hilgendorf, C. J., Geneva
Hilliard, S. H., Warren
Hill, F. K., Rockford
Hill, M. A., Earlville
Hill, M. J., Sterling
Hinkle, A. A., Evanston
Hobart, W. F., Roscoe
Hockett, O. O., Newman
Hotchkiss, Isabella, Riverside
Houston, G., Joliet
Houston, M., Joliet
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Irwin, H. M., Kewanee

Jaeger, C. A., Elgin
James, R. L., Blue Island
Janes, W. C., Durand
Johnson, I. W., Peoria
Johnson, S. W., Sullivan
Judson, F. W., Dundee
Judson-J. H., Polo

Kahle, F. T., Oak Park
Keeler, J. G., Kenilworth
Kech, J., Bloomington
Keifer, E. G., Harvey
Kelley, L. S., Bloomington
Kelso, Annie, Bloomington
Kelso, G. B., Bloomington
Kemper, Jno., Galesburg
Kenyon, Belle, Peoria
Keuchler, C. F., Springfield
Kinyon, C. B , Rock Island
Kitzmiller, J. H., Taylorville
Knaak, T. L., Deerfield
Knott, A. B., Monticello
Knott, J. D., Monticello
Koch, C. L., Quincy
Krudorf, —, Oak Park
Krumsick, W. E., Nashville

Langstaff, H. W., Colfax
Lawton, Thos., Hinsdale
Leitch, F. M., Charleston
Leitch, R. N., Toledo
Liebroch, G., Mascoutah
Link, C., Litchfield
Llewellyn, H. S., LaGrange
Lobaugh, J. J., Farmington
Loelkes, George, Belleville
Long, C. H., Pontiac
Lott, H. L., Murphysborough
Lovejoy, W. C., Marseilles
Lovesee, E. R., Nunda
Lowenthall, L., Wash. Heights
Lowry, N. H., Woodhull
Lycan, W. H., Litchfield
Lycan, R. S., Paris
Lynch, Mary, Highland Park

Maxson, J. S., Harvard
MacCracken, S. G., Winnetha
McAffee, W. D., Rockford
McCleary, R. B., Galesburgh
McCrillis, Mary F., Evanston
McCulloch, J. P., Tuscola
McDowell, G. W., Rockford
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Maloney, L. H., Savanna
Maloy, A. J., LaGrange
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Manning, E., Rockford
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Missic, W. H., Marengo
Moffit, Mrs. E., Chillicothe
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Morgan, G. W., Springfield
Morris, A. J., Mason City
Morrison, J. E., Urbana
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Morse, L. F., Cobden
Morse, M. B., Wyoming
Moser, G. H., Mulberry Grove
Munselle, J. G., Centralia
Munson, H. O., Rushville
Murray, J., Holcomb
Myers, P. G., Aurora

Near, J. S., Watseka
Neiberger, W. E., Bloomington
Nubert, Charles, Belleville
Neitman, L. F., Peoria
Newell, R. C., Austin
Nichols, F. E., Quincy
Nicholay, W. J., Bloomington
Noe, O. D , Hammond
Noyes, H. A., Mt. Carroll

Ogden, C. E., Joliet
Osborne, W. S., Deer Creek
Owen, C. S., Wheaton

Parker, R. M., Warsaw
Parker, J. W., Warsaw
Parker, Donna M. T., Warsaw
Parsons, H., Ravenswood
Patchen, U. R , Paw Paw
Patterson, J. M., Champaign
Paul, F. D., Rock Island
Peake, F., Champaign

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Pickett, Emeline, Harvey
Pololykei, Mary, Finlay Park
Poppele, C. F., Mt. Pulaski
Primm, J. W., Woodstock

Ransom, C. C., Ridge Farm
Reiter, Jas., Osborne
Renie, P. A., Marengo
Replogle, P. S , Champaign
Rice, E. E., Apple River
Rice, M. S., Aurora
Rich, F. W., Riverside
Richardson, D. H., Barrington
Ricker, S. J., Aurora
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Rudorf, Paul, Fullersburg
Rue, G. H., Lexington
Ruggles, W. L., Maywood

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Schmidt, John, Quincy
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Schott, C., Troy
Schussler, L. F., Alton
Seward, Belle, Marengo
Seymore, H. S., Aurora
Shane- W. H., Peoria
Shepard, W. A., Elgin
Shirley, E. K., Whitehall
Shutterly, E. E., South Evanston
Sibley, B. F., Decatur
Siddons, G. A., Downer's Grove
Simmons, D. D., Galesburg
Smith, E. H., Austin
Smith, J. H., Carlinville
Smith, N. P., Paris
Smith, H. O., DeKalb
Smith, J. W., Martinsville
Smith, W. A., Morgan Park
Smith, A. E., Freeport
Soule, A. G., Freeport
Soule, Isaac, Freeport
Spauld ng, E. M., Peoria
Spencer, O., Kankakee
Spencer, W. F., Geneseo
Squire, James, Carrollton
Stannard, O. B., Sandwich
Starr, N., Charleston
Steinman, G., Hamel
Stennet, W. H. Oak Park
Stephens, C. Jennie, Joliet
Stewart, C. E., Streator
Stewart, J., Moline
Stilson, E. H., Kewanee
Stiver, R. J., Lena
Stolp, B. C., Wilmette
Stone, C. A., Elgin
Storke, A. F., Oak Park
Stow, D. J., Belvidere
Strong, J. E., Cairo
Sturtevant, M. C., Morris
Swift, A. W., Belvidere

Taylor, R. C., School
Taylor, W. E., Monmouth
Teittler, E. R., Lena
Thomas, J. W., Rockford
Timpken, J. H., Peoria
Trabue, A. L., Bement
Trekell, Jos. E., Buda
Trimmer, E. T., Rock Island
Truitt, W. J., Naperville
Tweed, J. R., Marissa

Unland, W. G., Beardstown
Underhill, J., Gardner

Vance, J. B., Petersburg
Veness, J. G., Rockton
Vincent, Ed. C., Springfield
Vincent, J. A., Springfield
Vint, W. D., Hinesboro
Vivion, J. B., Galesburg

Waddell, W. E., Decatur
Waggoner, E. L., Lebanon
Wakeman, J. A., Centralia
Wales, H. W., Lanark
Walker, J. G., Avon
Ward, D. W., Fulton
Warden, C. D., Mt. Vernon
Warren, A. R., Pekin
Washburn, S. H., Elmwood
Watkins, H. T., Olney
Watts, Chas. J., Austin
Watson, T. H., Griggsville
Waugh, W. W., Belleville
Wayland, J. P., Sycamore
Weaver, —, Chillicothe
Webster, E. C., Monticello
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Welker, J. W., Washington
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Willis, J. W., Woodhull
Wilson, W. W., Paris
Wilson, W. R., Hoopeston
Wilson, C. E., Hoopeston
Winnard, W. L. Warsaw
Wood, H. M., Decatur
Wood, E. W., Oak Park
Wooley, E., Saybrook
Woolsey, G. R., Normal
Wood, H. R., Avon
Wood, P. N., Red Bud
Wright, L. W., Aledo

Zilliken, P. N., Red Bud

EDITOR SANATIVE MEDICINE:—I am pleased with the digest of the various authors, who have seen, heard and even talked with Bacteria, Bacilli, Micircocci, etc., etc. I was delighted at the first sight of micricocci, when shown to me by Prof. Eichberg when taking lessons from him in the Miami Medical 1883. I thought it must be something wonderful. I then started the study of the subject and have come to this conclusion. They are names given to ATOMS of *dissolution.—Dr. C. W. Rarick.*

DANGERS OF CURETTAGE.—During a recent discussion of the subject in the Obstetrical and Gynecological Society of Berlin, six cases were reported which show how dangerous this operation may be in certain conditions of the uterus. The principal danger is that of perforation; but it is not equally great in all cases. In metritis the uterine tissues are resistant, and afford a solid floor upon which the curette may be carefully moved backward and forward with slight risk of perforation. The uterus is in a very different condition after abortion or labor. The tissues are modified, and the thickness of the walls are greatly diminished. The dimensions of the cavity are irregular, and there is danger even with the greatest precaution, of penetrating the peritoneal cavity. The cases reported by the German gynæcologists were principally of this kind, and in several of them the perforation was so large that a loop of the intestines entered the cavity of the uterus. These cases are instructive, as they show that this operation should not be undertaken lightly, even by skillful men. They demonstrate what we have long known, and what cannot be too often repeated, that the uterus in involution is ruptured with the greatest facility; but these accidents should not deter us from performing curettage, when it is necessary to prevent infection from retained placenta debris.—*N. Y. State Med. Repor.*

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The Medical Visitor.

A MEDICAL NEWSPAPER.

[Entered at the Lansing, Michigan, Postoffice as second-class matter.]

VOL. XI. MAY, 1895. No. 5

OUR GROWTH FOR THE YEAR.

In May of each year THE MEDICAL VISITOR presents the figures showing the growth for the preceding twelve months. All the states and territories are included excepting New York, New Jersey, Ohio and Pennsylvania, and these omitted states contain in round numbers about 4,000 homœopathic physicians. Thus to find out the total number of practicing homœopathic doctors in the United States, it is necessary to add 4,000 to the list on the following page, making about 9,500 in all.

The death rate was quite high for the year, over 75 physicians having joined the silent majority. The number who left medicine for other occupations was also quite large, owing to the hard times and the very healthy year. The desertions were not numerous, but quackery in the shape of circular advertising increased somewhat.

The figures will be rather disappointing this year as the increase of located physicians is only 40 or about three-fourths of one per cent. However, to this number we can add during the year the following spring graduates:

Hahnemann of Chicago	74
Homœopathic "	68
Hering "	31
National "	14
Pulte of Cincinnati	11
Iowa University	16
Michigan "	1
Homœopathic Medical College of Missouri	10
Kansas City Homœopathic College	12
Southern Homœopathic Medical College	14

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A total of 251 new graduates, nearly all of whom will settle in the western or southern states.

	STATE.	1894.	1895.	Per Cent Increase.	Per Cent Decrease
1.	Alabama	11	12	10	.....
2.	Alaska	0	1	.....	.....
3.	Arizona	7	6	.....	15
4.	Arkansas	24	23	.....	5
5.	California	314	313	.....	.....
6.	Colorado	136	149	10	.....
7.	Connecticut	140	141	0.6	.....
8.	De aware	31	30	.....	2
9.	District of Columbia	67	69	3	.....
10.	Florida	39	42	7	.....
11.	Georgia	26	26	.....	.....
12.	Idaho	9	9	.....	.....
13.	Illinois	897	890	.....	0.8
14.	Indiana	286	284	.....	0.9
15.	Indian Territory	1	1	.....	.....
16.	Oklahoma	5	7	40	.....
17.	Iowa	356	349	.....	2
18.	Kansas	220	220	.....	.....
19.	Kentucky	95	98	3	.....
20.	Louisiana	23	26	14	.....
21.	Maine	101	103	2	.....
22.	Maryland	92	93	1	.....
23.	Massachusetts	622	636	2¼	.....
24.	Michigan	503	507	.81	.....
25.	Minnesota	152	164	8	.....
26.	Mississippi	11	12	10	.....
27.	Missouri	275	282	2½	.....
28.	Montana	14	14	.....	.....
29.	Nebraska	133	132	.....	.75
30.	Nevada	4	4	.....	.....
31.	New Mexico	8	8	.....	.....
32.	New Hampshire	63	61	.....	2
33.	North Carolina	4	4	.....	.....
34.	North Dakota	18	19	5	.....
35.	Oregon	50	49	.....	2
36.	Rhode Island	81	74	.....	9
37.	South Carolina	5	4	.....	25
38.	South Dakota	31	32	3	.....
39.	Tennessee	59	61	4	.....
40.	Texas	74	78	5	.....
41.	Utah	17	19	14	.....
42.	Vermont	70	69	.....	2
43.	Virginia	24	24	.....	.....
44.	Washington	60	54	.....	10
45.	West Virginia	19	19	.....	.....
46	Wisconsin	213	212	.....	0.5
47.	Wyoming	4	2	.....	50
	Totals	5,394	5,434	0.75	.....

From the figures obtainable it would seem as if Oklahoma was

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looking up and Wyoming looking the other way—the first showing the greatest per cent of increase, and the latter the greatest per cent of decrease.

The exodus from California and the Dakotas has stopped, apparently, and from this time forward an improvement can be expected.

The close of the World's Fair carried back to other states the numerous doctors who tried to make a living in Chicago and her suburbs during its continuance, and thus the state shows a slight loss.

The report taken as a whole shows the changes which are continually taking place in the various states and territories.

Owing to a mistake in adding the columns last May the increase was given as over 9 per cent whereas it should have been 5 per cent.

ADDRESS TO THE GRADUATES OF HERING MEDICAL COLLEGE, APRIL 9, 1895.

BY PROF. J. B. S. KING, M. D.

Ladies and Gentlemen:

Among the treasures of art which the recent great fair drew to this city from all parts of the world, was a painting entitled "Breaking Home Ties." It excited the admiration of every visitor to that great storehouse of art, and has since by means of reproductions, become everywhere famous.

It represented a mother bidding a final farewell to her boy, who was about to go out into the great world, and there, unaided by the council of parents or the solicitude of friends, to take his part in the universal battle of life.

The anxious love of the mother was most affectingly depicted in her pallid and careworn face, and the mingled emotions of joy and sorrow, which surged up in the young man's heart, were well expressed in his homely features.

In another way and upon another plane of life, a similar event is now and here being enacted. I do not go so far as to say that Hering College is pallid or careworn, or that you, ladies and gentlemen have homely features. Far from it.

I draw only a general parallel. Hering College has for three

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years been your intellectual mother. Daily has she nourished you with the knowledges of your profession, and now deeming you fully competent to go out into the great world to begin professional life upon your own responsibility, she bids you a final farewell and wishes you a hearty God speed. There was never yet a mother who did not think her own baby was the finest, the fattest and the loveliest in the land, and Hering College is no exception to this universal rule. She points to your record in the lecture room, in the quiz class and in the examination paper, and does not hesitate to advance your claim as the prize baby of the year.

But this pride is not merely fond and maternal. It is based in right, reason and sound judgment, and I desire to show you this by pointing out a certain peculiarity which distinguishes you as a class, from all other classes whatsoever, this peculiarity being but a reflection of that which characterizes your Alma Mater and makes her different from all other colleges whatsoever.

It is that, unlike most graduates, you are enthusiasts in the medical art. Your teachers have succeeded in making you devout believers in a great natural law of cure. Homeopathy has become to you a living truth, a great principle, something to live for, something to fight for, and you are filled with a noble zeal for its advancement.

You have therefore the immense and incalculable advantage of faith in a principle. The importance of such a faith cannot be overestimated, for without it you will be unable to practice your profession with any earnestness or success. This, ladies and gentlemen, is the distinctive character which makes this college proud to call you her children. It will be the key note of your future success.

In great and sad contrast to this is the mental state in which the students of most colleges leave their Alma Mater. Having no law to follow, they can have no principle to adhere to, and much of the enthusiasm which you possess must, in their case, be necessarily lacking, and knowledge without enthusiasm is of little avail. Recent graduates have usually a very thorough knowledge of bacteriology; they have been well taught in chemistry and miscroscopy, they have been thoroughly in-

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structed in the principles and practice of surgery, and there is no collateral branch of medicine in which they are not, at least, fairly competent; but in therapeutics, the very essence of the healing art, they are deplorably deficient.

They are expert bacteriologists, skillful surgeons, competent chemists, sound sanitarians, and therapeutic infidels.

The graduates of Hering College while not lacking in any of these subsidiary qualifications are especially and thoroughly versed in the therapeutic art.

But having once attained the citadel of truth you will not be permitted to occupy it without a struggle. Ere long you will be assaulted by a great variety of medical fads and theories.

The gossamer fantasies of theosophy, of christian science, and of divine healing, will make a demand for recognition and consideration.

Hypnotism, the grape cure, the faith cure, the water cure, the milk cure, the rest cure, serum-therapy and a thousand and one new remedies will flout their so-called cures in your face. The one-sided specialist who traces all diseases to his specialty, whatever it may be, will present you with his thesis.

The surgeon who professes to cure all diseases by an operation will most plausibly expound his views. The doctor who has an uncomfortable suspicion rankling in his bosom that the vermiform appendix is—a mistake; who thinks that every patient, who has the money to pay for an operation, should have it removed, will publish glowing accounts of his successful results.

The microscopist, who looks over the world and ways of men, and lo! there is nothing there for him but wriggling microbes, will advance his theories of germicides as the cure-alls of disease.

Amid such a storm of warring hypotheses, each clamoring for recognition, the doctor who has no central truth to guide him will be like a rudderless boat tossed on angry and tumultuous waters, but to you Homœopathy will be as a guiding star to steer by, or as firm ground to stand upon, or as a test by which to measure the truth or falsity of these multitudinous and opposing opinions.

Nor will it change. Theory may succeed theory; new ideas of pathology and new modes of treatment may arise with the

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regularity of successive seasons, to enjoy an ephemeral day of prosperity, to sink into a long night of oblivion.

You will change. In the long procession of the years your form will be bowed, your hair silvered, condition and environment change, you will be amid other faces, other cares, other interests, but the law of cure is one of the immutabilities. At the last as well as at the first milestone of your professional life it will still be your guiding star, your medical creed, your rule of conduct; amid the changing world of science the one unchanging thing.

Among the minor trials and tribulations which you will surely meet with, is the annoying one that many people will withhold their confidence and their patronage solely on account of your youth; and this most unjustly as you think, for are you not conscious that the wisdom of gray hairs repose beneath your sable locks, and are you not sure that you have many things in your head that the old doctors have forgotten or never knew?

Carefulness, dignity and attention to business, however, will command respect at any age and do much to overcome this unfair discrimination. Soon your patient will begin to remark what an old head you have on your young shoulders, and to esteem your skill and devotion without regard to the paucity of your years.

Then at the worst it is a fault that you will surely overcome if you are only given time enough.

You will be very much surprised at first to find how many people will come to you who are obstinately inclined to make their own diagnosis, and to help you along by suggesting just how you shall treat them.

People old enough to know better will give you minute descriptions of the exact condition of their internal organs, and want to make out for you a plan of campaign for their betterment.

About the time of year when onions begin to sprout, and country lanes are foul with mud, many will come to you with requests for spring medicine to purify the blood, and to do other things very easy for the laity but totally unknown to science.

Instead of obtaining the plain statement of symptoms which

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you expected, you get a fanciful hypothesis upon which it is impossible to accurately prescribe.

Tact and patience are the two qualifications which are requisite in handling this large class of your patients.

You will need the skill of a lawyer in cross-questioning, the persuasiveness of a traveling agent, sometimes the bluntness of a soldier, and often the astuteness of a general.

Confidence is sometimes won by a bold strategic stroke, as in the following case:

A wealthy widow, who had amused herself for many years by being an invalid, and who had exhausted the skill and the patience of every physician within ten miles of her residence, resolved to give the young doctor who had just settled in that village, an opportunity at her case.

She poured into his willing ear an exhaustive account of her intensely pathological career, dwelling with infinite unction upon the dreadful condition of her "in'ards." After a time the widow ceased from lack of breath rather than from lack of symptoms. The young doctor, with a look of concentrated wisdom in his face, said in a bold and confident voice, "Madam, you are suffering with an Aurora Borealis."

"Bless me," exclaimed the widow, "you are the only doctor who ever understood my case."

An equal *lack* of tact is shown in the following instance: In this case the young doctor had lost a limb and was compelled to walk on a wooden peg. By great good luck he was called, soon after settling in a small town, to visit a rich nabob of the neighborhood. The latter had just finished a new residence, and saw with some solicitude the doctor stumping along over his polished floors.

"Had you not better keep on the rug?" said he, insinuatingly, "your wooden leg might slip on the smooth floors."

"Never fear, sir," answered the doctor, "there's a spike in it." Needless to say, lack of ability to take a hint, which is the same thing as tact, lost him that patient. As time passes and your practice grows larger, you will find that very frequently you are blamed for things for which you are not at all responsible. Some bruised and mangled specimen of humanity is borne home from an accident; you straighten the broken limbs,

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and tenderly patch up the torn flesh, you see the man through weeks of suffering to sound convalescence, you felicitate yourself upon having successfully managed a difficult case, and confidently look for the future patronage of that family. But suddenly you are met with averted looks and cool nods. You hear from a neighbor that the current report is that you are a bungler; you so unskillfully treated the victim of the accident that the broken limb is a full inch shorter than before. That Dr. so and so in the next block had a case just like it, in which the patient had recovered in half the time, with the broken limb an inch longer than it was before the accident. As a compensation for this injustice, you will find that you are almost as frequently praised for some excellent result, which in all fairness is not attributable to your skill.

Some spontaneous outburst of nature's recuperative powers takes place in a patient under your charge and your remedies receive the credit for a miracle which they have in no wise wrought.

Beware of gossip and over-talkativeness. You are entering upon the threshold of a profession which will naturally and necessarily make you the repository of many family secrets, of many sacred confidences, which no careless or idle word of yours must ever betray. "The outer ear of ordinary mortals," says Carroll Dunham, "is a blind tube, through which the waves of sound flow in and impinge upon the tympanum, but the ear of doctors should have an extra tube, which leads from the tympanum to a bottomless pit of forgetfulness."

Among the beautiful and ennobling things that cluster about the profession of medicine, is an old idea that the doctor must be a humanitarian, and a loyal adherent to an honorable code of ethics. He must never withhold his professional advice from the deserving poor. He gives a large share of his time and services to dispensaries, hospitals and other charitable institutions without money and without price.

If he make a scientific discovery of great usefulness in medicine or surgery, instead of taking out a patent, as is done in the business world, he freely gives it to his professional brothers, for the benefit of the general public. In this way an almost certain fortune has many times been sacrificed to the dignity of the profession. This nobility of action inheres in the profes-

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sion, and no one should try to enter its portal who is not willing to make such personal sacrifices, or to subscribe to ethical rules. It elevates medicine to a loftier plane than that of trade and commerce.

Too often in the business world one man's success is attained only by the failure of another. Large fortunes are built up by individuals at the cost of ruining many others, and the selfish, grasping spirit of trade crowds out every generous feeling and noble impulse.

It is the lovely and immortal privilege of medicine to build success upon the restored health and the physical well-being of others.

It should yield the doctor a comfortable support, but beware that you follow it not with a greedy spirit of money-making. If money is what you are after, burn up your diploma and go to the Chicago primaries and become an alderman, or get the government contract for supplying salt pork to the Indians, or go into the chewing gum business, but never take up the brow-wrinkling, hair-bleaching, form-bowing profession of medicine.

You are now regularly graduated as physicians. You have complied with all the requirements of this college and with the laws of the land.

Go forth on your mission. You have our heartiest wishes for a full measure of success.

A RETRACTED TESTICLE.

Several nights since I was called to a negro man of about forty years of age. When I arrived I found him lying on his back on the floor, his legs extended on two chairs. Examination showed the left testicle retracted into the sheath above the scrotum and against the foramen. It was pulled so tight that it required considerable force, under chloroform, to get it down, and when down would instantly rebound if let loose. I succeeded in getting an elastic band above it and fastened the two testicles down with this band in the lower part of the scrotum. He usually wore a flat pad truss to prevent it from retracting, but when he attempted to lift anything above his head the truss failed and the testicle would slip up. So long as he kept his arms down

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below the shoulder level, the truss held all right, but the moment he raised his arms above that level the testicle sprang back. By the elastic band above the two I have thus far helped him.—*Charlotte Med. Journ.*

This case reminds the editor of a patient he treated some years ago. Harry S., about twenty-three years old, had frequent attacks of what he termed colic, and which were always relieved, after a time, by Nux vomica. On one occasion it was found that what he termed colic was a retraction of the testicle into the abdomen. A few doses of Nux brought it back into the scrotum. For several months, about every three or four weeks, especially after a debauch, the testicle would disappear. The Nux vomica counteracted the whiskey and relieved the spasm of the cord.

A HIGH POTENCY CURE.

BY DR. F. W. SARGENT, ST. LOUIS, MO.

November 16, 1894. Julia Jackson, colored, aged 19. Has been feeling badly for about two months. Began with a darting pain in the heart extending down the left arm, which came on from over-exertion.

Now goes from left inguinal region up through the stomach to the heart. Backache across the hips. Tired on waking in the morning. Craves sweets, but not much appetite. Bowels move every other day. Bad taste in the mouth. Sore inside of left nostril. Better from warmth.

℞ Kalmia, 46 m., pellets to be taken every half hour, three pills.

March 11, 1895. Reports that she is entirely well and had no return of the trouble after taking the medicine. She brings a friend to get medicine, hence the report that she was cured.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The thirty-sixth annual commencement exercises of the Homœopathic Medical College of Missouri were held on the evening of March 21, at the Pickwick Theatre, Dr. William C. Richardson, dean, presiding.

Degrees were conferred by Dr. W. A. Edmonds, president of

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the board of trustees, upon the following: Mary Elliott Beall, George Brickbauer, Peter Brickbauer, T. L. Carriere, Emilie J. Chalfant, W. C. Dieteriche, G. A. Mellies, C. E. Rose, E. R. Schoon, E. H. Tincher. Prizes for exceptional excellence were also awarded to G. Brickbauer in materia medica, to P. Brickbauer in obstetrics, and to G. A. Mellies in gynecology. The faculty prize was awarded to P. Brickbauer, and the position of resident physician given to C. E. Ross at the Children's Hospital and to G. A. Mellies at the Good Samaritan Hospital.

The report of Dean Dr. Wm. C. Richardson was very encouraging, and showed the largest enrollment in the freshman class ever made since the organization of the college. The principal address was that of the Rev. Geo. C. Adams, who spoke in behalf of the faculty. The program was interspersed with musical selections rendered by professional talent, and the whole affair was most creditable to the college.

The alumni of the college held a banquet on the evening of March 20, in the ladies' ordinary of the Southern Hotel. About 125 persons were present, one-fifth of that number being ladies.

After an elaborate menu had been served, Dr. I. D. Foulon made an interesting address on Hahnemann. The subjects of other toasts were: "The College," "The Doctor then and now," "The Alumni Association," "The Family Physician," "Homœopathy," and "The Brand New Doctor," which were responded to by L. E. McElwee, T. Griswold Comstock, Mary U. Sargent, Rev. Frank G. Tyrrell, J. Martine Kershaw, and P. Brickbauer.

MEETING OF AMERICAN MEDICAL PUBLISHERS' ASSOCIATION.

Publishers are enthusiastic over the approaching meeting in Baltimore, May 6th, and we anticipate a very large attendance. The manager of the Eutaw House has very kindly placed a spacious parlor at our disposal, and this hotel will be headquarters for the association. A special rate of $2.50 per day will be accorded members and their families. Mr. Simmons, of the Maryland Medical Journal, is chairman of the arrangement

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committee. Among the topics to be presented for discussion are the following:

(1) How to make your journal pay the advertiser.

(2) Shall we give a commission to regular advertising agents? If so, what per cent shall it be?

(3) What shall be done with the "reading notice"?

(4) The best method of wrapping a medical magazine.

(5) The editor as a business manager.

(6) Trade advertising; is it advantageous either to the manufacturer or the journal?

(7) Insert advertisements; does it pay to run them in your reading matter?

(8) Premiums as a means of securing new subscribers.

(9) Speculative advertisers; how to avoid them.

(10) The sample copy question.

Publishers desiring to present papers on the above, or any other subjects germane to the cause, will please send title to the secretary at once. Every editor, publisher or manager of a medical journal, of either or any school, is extended a cordial invitation to attend this meeting.

CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

LANDON B. EDWARDS, M.D., President.

HERING MEDICAL COLLEGE.

REPORT OF THE REGISTRAR, PROF. C. W. DAY, M. D.

This college has just closed the third annual course of lectures. Although but three years of age, it has in that time won popularity with students, an honorable place and a membership in the Association of Colleges, and recognition from the State Board of Health of Illinois.

While all new institutions are subject to criticism, the strictures on Hering Medical College have been often unusually and unfairly severe. With no disposition to return in kind the many petty annoyances that have been placed in the way, the faculty of this college have moved steadily toward a high standard of excellence, and while young in years, the college claims to be behind its fellows in no other regard.

With thirty professors, lecturers and assistants to provide

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instruction, the college promises to furnish each year an increasing number of men and women skilled in the principles and practice of physic. The faculty includes many of the best known physicians, lecturers, and authors in the United States.

The college opened its doors the first year with sixty-nine matriculants, this number being more than double than was hoped for by the most sanguine; forty-nine of these were men and twenty were women and of the number eight men and two women were graduated.

The second year there were eighty-seven students, fifty-four men and thirty-three women, and of this number thirteen men and eight women were graduated.

The third year, which closes tonight with a farewell banquet to the graduating class, began with an opening lecture, delivered by Prof. J. B. S. King, on the evening of October 1, 1894, after which a complimentary reception was tendered by the faculty to the students and friends of the institution.

During this year there has been an attendance of ninety-five students, and of this number sixty-three are men and thirty-two women.

Illinois furnishes	29	Pennsylvania	2
New York	16	New Jersey	2
Indiana	5	California	2
Michigan	5	Oregon	2
Texas	3	Connecticut	1
Massachusetts	4	Missouri	1
Iowa	4	Nebraska	1
Kentucky	4	Canada	1
Wisconsin	3	England	1
Ohio	2	Bohemia	1
Kansas	2	Denmark	1
Tennessee	2	India	1

In the class now graduating there are twenty-four men and seven women, each of whom has attended three or more courses of lectures.

During the six months term there have been over fourteen hundred lectures delivered to our students on all the subjects required to be taught in this state, together with quizzes on each lecture as expected by the State Board of Health.

The didactic instruction has been supplemented by clinical teaching.

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In the college dispensary many hundreds of patients have been prescribed for, and the classes thereby shown that homœopathic remedies are sufficient to relieve and cure the sick and that drugs, revolting in taste, smell and quantity, and so inevitably productive of derangement and prostration, are never either necessary or desirable to a skillful physician. Through the influence of the founder of Homœopathy and his followers the number of victims to disease need no longer be artificially increased, nor suffering aggravated.

These clinical cases are classified as follows, the prescribing having been done before the students:

General medical, conducted by Profs. Hawkes and Pease	289
Eye, ear, nose and throat, Prof. L. A. L. Day	952
Skin and venereal diseases, Prof. Hoyne	398
Diseases of children, Profs. Tomhagen and C. W. Day	303
Morbid growths, Prof. Sawyer	333
Diseases of chest and heart, Prof. Fowler	256
Nervous diseases, Prof. Tomhagen	415
Surgical cases (operations) Profs. Boynton and Crutcher	42
Gynecological cases (Prof. Fisher)	
Emergency cases	15
	3,003

INTERESTING TO HOMŒOPATHS.

The following is from the N. Y. Therapeutic Review:

"Nægeli's first studies revealed the fact that in the presence of the most diluted solutions of nitrate of silver, the filaments of Spirogyra could not live. But he soon found that there appeared to be two modes of death. With comparatively strong solutions of the salt, the cellular contents disappeared from the membrane, the bands of chlorophyl changed color, but not position, and the cell lost its turgescence. With infinitely diluted solutions the chlorophyl spirals separate from the plasma, which remains in place, they become shorter, agglomerate, and the cells maintain their turgescence. Nægeli decided that in the first instance death was due to a chemical action,

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while in the second it occurred through the action of some hitherto unknown force, which he termed oligodynamia. His results are well described as stupefying. He found that death occurred in three or four minutes in a solution of 1-1,000,000,000,000,000. In such a solution there could not be more than one or two molecules of the salt to each litre. Was the distilled water itself at fault? No, for within it the Spirogyra thrived. Corrosive sublimate gave even more pronounced results: the organism died in a solution of 1-1,000,000,000,000,000,000,000,000. This could contain but a trillionth of a molecule in a litre He endeavored to find what other factors could bring about such an unexpected result. Gases, the nitrous acid which is sometimes found in appreciable amount in the water of Munich, were all incriminated, and other waters were employed, but the results still remained. He then endeavored to discover what substances could render water toxic, and which ones could impair or remove this toxic or oligodynamic condition. He discovered that many substances, hitherto reputed insoluble in water, such as the metals, gold, silver, copper, iron, mercury, lead and zinc, by their mere presence in water, possessed this property."

Who will now say that the 3d, 6th or even 30th potency of a homœopathic remedy does not kill obnoxious germs? It is barely possible that our remedies some times cure in this way. The longer one lives the more he is impressed with the astounding knowledge of Hahnemann. Soluble mercury was derided —now it is shown that gold, silver, copper and other metals are soluble in *water*.

AMERICAN INSTITUTE OF HOMŒOPATHY, NEWPORT, R. I., VIA B. & O. R. R.

The B. & O. R. R. offers especially desirable advantages for delegates to the American Institute of Homœopathy at Newport, R. I , in June. The Central Traffic Association is now considering rates for the occasion, which will be announced as soon as authorized. Correspondence concerning this meeting is invited, and further particulars will be cheerfully given on application to L. S. Allen, A. G. P. A., B. & O. R. R., Room No. 411, Grand Central Passenger Station, Chicago, Ill. After

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rates are authorized for the occasion, tickets and sleeping car accommodations may be secured at the city ticket office, No. 193 Clark St., or at the grand central passenger station, 5th Ave. and Harrison St.

BOOKS.

A Standard Dictionary of the English Language. Funk & Wagnalls Co., publishers, 18 and 20 Astor Place, New York.

For several months students and educators have been examining the first volume of this magnificent work, and anxiously longing for the second and concluding volume. An army of two hundred and fifty editors and assistants have been engaged five years in preparing the manuscript for publication and now the completed work is before the public for critical examination. The proof of the pudding is in the eating, and the value of a dictionary is in its usefulness. Some time ago the words amphoteric, crapulous, suburral and others were hunted for in late dictionaries but could not be found. It is needless to state that they can be found in the Standard, as can numerous other new and old words. In criticizing the first volume the reviewer referred to the many changes in the spelling and pronunciation of words. In the appendix to the second volume is placed a long list of words which are variously pronounced and spelled, so the scholar may have authority for the faith that is in him. In the appendix also is to be found a list of proper names, under which is embraced in alphabetical order, names of persons, places or characters in fiction.

From a very critical examination of the two volumes it can truthfully be said that the Standard has more features deserving cordial commendation than any dictionary extant. It is just the work needed by the busy practitioner whose time is exceedingly valuable to him. Medical men will be interested in hearing that the diphthongs æ and œ have been discarded for the letter e (fetus, homeopathy, etc.), a very much needed change for the better. Bromine, morphine, quinine, are spelled without the final e, at the request of the chemical section of the American Association for the Advancement of Science.

Those physicians who wish to examine the work can do so at this office or at the rooms of the Fuller Book Co., 79 Dearborn St., twelfth floor.

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Internationales Homöopathisches Jahrbuch, annales homœopathicae, von Dr. Alexander Villers. Vol. II. Dresden. 1894. Price, cloth, $1.50 each; by mail, $1.62.

This volume is supposed to give the addresses of the homœopathic physicians of the world, but the author states truly that "the laziness of the correspondents and the questionable accuracy of the information given made it impossible to collect more than two-thirds of the homœopathic addresses extant." The editor of THE MEDICAL VISITOR can sympathize with the author, for his own experience in publishing a list of physicians has convinced him that a large proportion of our doctors care for nothing except the almighty dollar. History and statistics of the school are nothing to them—the name homœopathy to rake in the money is everything. It was not necessary for the author to apologize for inaccuracies—they are unavoidable when physicians shift about so much. In the way of advice the editor would suggest that the doctor have the assistance of an American physician who would hold his list of names until the very latest moment.

The bibliographical summary is quite complete up to the time of going to press and one regrets that the doctor will not continue it in the future.

Those who are interested in the progress of the homœopathic school will add this volume to their libraries. The older the book becomes the more valuable it will become to the future historian of our school.

Proceedings of the Fifteenth Annual Session of the International Hahnemannian Association, 1894.

The reports of this society's proceedings for the last few years have been steadily, although very gradually, waning in interest. This last, however, shows a decided diminution, not only in size, but especially in interest, when compared with the reports of some preceding years. We miss that rich crop of interesting and instructive cases which filled the proceedings of 1880, '92 and '93.

The cases reported by Dr. E. E. Case of Hartford, Conn., are as always with this capable physician, of the highest merit. Each case is fully reported, and yet there is not a superfluous

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word used. Each is a model of how to take and how to prescribe for a case.

In strong contrast to these excellent reports are many others, scattered through the book,—verbose, confused, with no determinate end or arrangement. Why the portrait of the retired president should occupy one of the fly leaves is a mystery to outsiders. None of the presidents, at least of recent years, have ventured to put their likeness as a frontispiece to the proceedings; and they have all been men of, at least equal eminence and caliber to the gentleman who presided last year.

The I. H. A. proceedings, however, are by far the most valuable and useful of any which we receive.

A Book of Detachable Diet Lists, for albuminuria, anæmia and debility, constipation, diabetes, diarrhæa, dyspepsia, fevers, gout or uric acid diathesis, obesity, tuberculosis, and a sick-room dietary, compiled by Jerome B. Thomas, A. B., M. D., visiting physician to the Home for Friendless Women and Children and to the News-Boys' Home; assistant visiting physician to the Kings County Hospital; assistant bacteriologist Brooklyn health department. Price $1.50. Published by W. B. Saunders, Philadelphia, Pa.

Every physician is annoyed by patients asking for diet lists, and it is with considerable loss of valuable time that he is enabled to comply with the reasonable request. Now Dr. Thomas has arranged all this for us and all we have to do is to tear out a leaf and hand it to the patient. Great care has been taken in formulating the lists and one cannot justly object to a single one of them. There are blank spaces for stamping your own name on the list if thought desirable. The sick-room dietary is also an excellent thing and a page torn out and handed to the nurse will inform her how to properly make toast-water, rice-water, koumiss, egg-nog, beef tea, cream soup, apple soup, etc., etc. Such a list effectually answers the nurse or patient when she asks: "Doctor, how do you make rum-punch or clam broth?"

The International Medical Annual and Practitioner's Index. 1895. Thirteenth year. New York. E. B. Treat, 5 Cooper Union; Chicago, 199 Clark St. Price $2.75.

This thirteenth annual is up to its usual high standard. The latest word is here to be found on the work of the year. Among the subjects of special interest we note a well considered article

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on Anchylostomiasis, in which the cause, history and treatment of that pathological novelty is fully developed. The interestingly illustrated article on Eyesight as Influenced by School Life, is a subject of great importance and one that should be widely studied in this land of public schools.

There are also short treatises on the latest developments in intestinal surgery, surgery of the stomach, surgical treatment of tubercle, and a host of other subjects of interest and value. Simply to enumerate them would probably be as good a review of this book as could be written on it, but it would be a very long one.

The intense activity in all branches of medical science make such a book as this an absolute necessity to anyone who expects or tries to keep up with the procession. K.

Report of the Bureau of Organization, Registration and Statistics of the American Institute of Homœopathy, session of 1893 and also 1894, by Thos. Franklin Smith, M. D., Chairman, 264 Lenox Ave., N. Y. Reprint from the "Transactions," for free distribution to the societies and institutions sending reports to the Institute.

Messrs. Boericke & Tafel have in press a new work by J. Compton Burnett, M. D., of London, under the title of Gout. It is written in Dr. Burnett's best vein, is full of many curious odds and ends of medical lore concerning not only the treatment of Gout, but many of the ills that follow the use of too much wine or liquor.

Refraction in Schools. Read before the Minnesota Academy of Medicine, February 6, 1895. By Frank Allport, M. D., Professor of Clinical Ophthalmology and Otology in Minnesota State University, etc., Minneapolis, Minn. Reprint from the Journ. of the Amer. Med. Assoc., March 2, 1895.

Transactions of the 47th session of the American Institute of Homeopathy (50th anniversary) held at Denver, Col., June 14 to 20, 1894. Edited under the direction of the committee of publication, by Pemberton Dudley, M. D., General Secretary. Pages, 1,332.

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Vaccination No Safeguard Against Smallpox. By W. B. Clarke, M. D., Indianapolis, Ind. Read before the American Association of Physicians and Surgeons, at its annual meeting at Indianapolis, January 14, 1895. Reprinted from the Medical Free Press, Indianapolis, February, 1895.

The Etiology, Pathology, and Treatment of Intestinal Fistula and Artificial Anus. By N. Senn, M. D., Ph. D., LL. D., professor of practice of surgery and clinical surgery in Rush Medical College. Reprint from Am. Jour. of Obstet.

Malposition of the Testicle; Phimosis; Acute Insanity; Operation; Cure, by Howard Crutcher, M. D., Chicago, Ill. Reprint from the Medical Record.

Protest Against the Enforcement of Vaccination by the Department of Education. By W. B. Clarke, M. D. Fac-simile from the Indianapolis (Ind.) Journal of March 5, 1895.

Seventeenth Annual Report of the Children's Homœopathic Hospital of Philadelphia, 926 and 928 North Broad Street, near Girard Avenue, for the year ending December 31, 1894.

Insanity, by Dr. O. Everts, Supt. of the Cincinnati Sanitarium, 1880–1895, Supt. Indiana Hospital for the Insane, 1868–1879.

Report of the Calcutta Homœopathic Charitable Dispensary, for the year 1893–94. No. X.

Amalgam and Kindred Poisons. By Henry Sheffield, M. D., Nashville, Tenn.

GOSSIP.

Dr. Wm. C. Richardson, wife and daughters, of St. Louis, have returned home from a six weeks' vacation spent at their cottage in Ozona, Florida.

The eighth semi-annual meeting of the N. I. and S. M. Homœopathic Medical Association will be held in the Century Club rooms (115 Main street), Elkhart, Indiana, Thursday, May 2, 1895. Excellent railroad facilities. The meetings of this society have thus far been a grand success.

It may be of interest to our readers to know that the death of

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Mr. A. J. Tafel, of the firm of Boericke & Tafel, will make no difference in the business of that firm, which will be conducted by the surviving partners on the same lines as in the past. The corps of employes remains unchanged.

March 19 Dr. Byron E. Miller of Portland, Oregon, performed the Cæsarian operation. The patient is the wife of a well-to-do farmer. She has always been of weakly constitution, never having weighed a hundred pounds. She is also afflicted with spinal curvatures and pelvic contraction, making normal childbirth impossible. She had been in labor twelve hours when Dr. Miller, who had been sent for, arrived. Upon examination, he saw that a surgical operation was necessary to save the life of either the mother or child, although the operation itself was exceedingly dangerous. Ten days later the mother and child were doing exceedingly well. It is said that the operation has been performed successfully but once before on the coast.

Dr. Byron E. Miller has been appointed on the board of medical examiners of the state of Oregon, which is the first appointment given to a homœopath in the state. The board is composed of three regulars, one homœopath and one eclectic.

The lists in this number have been corrected by the pharmacists and Dr. Clarke of Indianapolis, and Drs. Hanchett and Gilchrist of Iowa.

The twenty-ninth annual session of the Minnesota State Homœopathic Institute will convene at St. Paul on Tuesday, May 29th, to continue in session for three days. This meeting should redound to its credit, as did that of 1894, and every preceding one. The membership is increasing; the enthusiasm at the meetings is growing with each succeeding year deeper and more noticeable; the scope of the various bureaus is widening; the papers read at the meetings are highly commended, and eagerly sought for by the magazines of our school.

In the March 15th number of the Pacific Medical Record is a very fair notice of Samuel Hahnemann. A part of this sentence however is way off from the facts:

"At Chicago there are as many homœopaths as allopaths, and the practice of the former, lying chiefly among the wealthy and cultured class, is understood to be highly profitable."

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. O. R. R. is early in the field with its "ad." for the Institute meeting at Newport in June. A delightful ugh the mountains is what our weary doctors need to hem up. Make your arrangements this year to go and a good time.

The National Homœopathic Medical College has shortened its name to the National Medical College, and enlarged its objects so that under-graduate and post-graduate degrees may be conferred, making it essentially a medical university.

The American Institute of Homœopathy will convene at Newport, Rhode Island, Thursday, June 20, at 3 o'clock p. m. The local committee have been and are still hard at work and have already completed many of their arrangements. Among the plans definitely settled are:

A circular to be issued in May will contain full information concerning program of meeting, railroad fares and routes, special meetings, hotels, "The Meissen," etc., and will be sent to every homœopathic physician in the United States. Let every member of the Institute now determine to attend the Newport meeting and so arrange his business that he may not be kept away. The necessity of sustaining and strengthening our organization was never greater than at the present moment. The advance and growth of the Institute is in large measure an indication of the advancement and development of the homœopathic school.

The fifth annual meeting of the Association of Military Surgeons of the United States, will be held at Buffalo, N. Y., May 21st, 22d and 23d, 1895.

Dr. C. T. Canfield will remove her office and residence to 269 Lincoln Ave. May 1.

Dr. W. J. Hawkes on May 1 removes to 100 State St.

Hahnemann's birthday was celebrated on various days and in various ways. The Southern Homœopathic Medical College held their commencement exercises on the 11th; the Massachusetts Homœopathic Medical Society celebrated on the 10th; Hahnemann Hospital of Chicago celebrated on the 11th; Hering College on the 9th, because the theatre could not be had on

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the 10th; the Minneapolis doctors on the 11th; the Cook County, Ill., Homœopathic Medical Society on the 16th; and the Homœopathic Medical Society of Chicago ignominiously failed to celebrate at all on account of the most wretched management. The 10th has usually been considered Hahnemann's birthday because he said it was, but the records prove that he was born on the 11th early in the morning. The Homœopathic Medical Society of Western New York held a meeting at Rochester on the 12th, but did not claim that it was celebrating anyone's birthday.

RECENT DEATHS.

February 20, Lucy S. Forbes of So. Orange, N. J.
February 24, Isaac M. Ward, aged 89, of Bloomfield, N. J.
March 16, W. E. Newton of Ligonier, Ind.
March 24, D. W. Byron of Upper Sandusky, O.

CLIPPINGS.

TOBACCO.—The statistics on this subject published during the last three or four years, would show that in the regions where tobacco was universally used, as in Cuba, the toxic effects were very rarely exhibited. A student from Cuba had recently told him that he had never heard of the tobacco heart or of tobacco amblyopia in Cuba, and others he knew were of the same opinion. These people smoke cigarettes or cigars almost entirely. From practical experience, smokers knew that after smoking two or three cigars in the open air they were not conscious of any bad effects, but if this were done in the house they would become restless, depressed, moody and nervous. This was due to the deficient oxidation of this poison, which in its composition was analogous to the carbolic acid series. Again, the toxic action of tobacco as manifested on the nervous apparatus of the heart was followed by the same phenomena as a mild neuritis of the pneumogastric nerve. He was not one of those who looked upon a taste for tobacco as a form of original sin; he believed that it had its place in the luxuries of mankind just as much as alcohol and other like substances. If we wished to cite examples of the beneficial effects of tobacco it would not be difficult, for various experimenters have proven that if tobacco smoke were passed through bulbs covered with gelatine impregnated with certain germs, these germs would die within twenty or thirty minutes. This proves not only the intensity of the poison, but also shows that tobacco smokers and chewers have some protection against disease.

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As tobacco manifested its physiological effect on the nervous system, it was natural that its pathological effect should be first observed in this portion of the economy. The pneumogastric nerve was often among the first to be affected, but a common manifestation was what might be called the vaso-motor type of neurasthenia. This neurasthenia had been described by the author, and he would lay stress on the fact that the pathognomonic symptom was a fine tremor—perhaps 5 to 8 times per second. There were also present a pallor of the skin, and inability to do the usual amount of work. One's psychical energy and physical energy were just in proportion to the blood pressure in the bulb and the cortex of the brain; hence, when tobacco reduced the blood pressure, the sinister effects were made manifest. Even the moderate use of tobacco in people of a certain temperament produced marked symptoms, but this was an idiosyncrasy. Tobacco poisoning was also observed particularly in those who smoked and chewed at the same time. The chewing of tobacco prevented the oxidation and elimination of the poison. The speaker thought there were many arguments in favor of the use of tobacco. It not only caused a feeling of *bien faisance*, but it produced the same stimulating effect which would follow from taking water in frequent sips. The puffing of the smoke carried an impulse up to the medula oblongata by which the vascular activity and metabolic changes were stimulated. Tobacco did no harm if properly used, except in those who had a special idiosyncrasy. Of course, no argument was necessary to show that tobacco should not be given to children or even women. One reason why it should not be give to women was that they rarely went out of doors, and another was that their nervous system was much less stable than that of men. He did not believe that smoking *per se* produced cancer; it was rather the irritation produced by the pipe that gave rise to such new growths.—*The Post-Graduate.*

Dangers of Massage of the Uterus.—M. Pozzi presented the specimens from a case illustrating the injurious effects of massage in suppurative lesions of the appendages. A patient suffering from metritis and double salpingo-ovaritis, after an attack of pelvic peritonitis diagnosed as hæmatocele, was treated by massage, the operator being a skilled one. The treatment was badly borne and caused no improvement, M. Pozzi afterward performed laparotomy and extirpated both tubes, which presented the external appearances of pyosalpinx. Outside of the left tube there was a small purulent area. On opening the tubes the left one was found to contain blood and the right a rose-colored pus. Under the influence of the pressure exercised

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during the massage, rupture of the vessels and hemorrhage in the tubes had evidently occurred. The same pressure might also have driven pus out of the tube, thus explaining the purulent area found on the wall of the pelvis at the outer extremity of the tube. M. Pozzi believed that massage should be reserved for chronic cases in which there was no suppuration.

M. Bouilly reported several cases illustrating the bad effects of massage. A woman with a neoplasm in the posterior *cul-de-sac* was submitted to massage, when suppuration of the tumor took place, causing the death of the patient. Another case of simple retroversion suffered the most painful symptoms after massage, and a third was confined to bed from its effects, though she had only a slight ovarian affection. The indications and contra-indications of the treatment should be clearly defined.

M. Lucas-Championnière had also observed similar ill effects and had been recently obliged to perform laparotomy in one such case and hysterectomy in another.—*Univer. Med. Journ.*

THE DEADLY MILK-CAN.—One of the most striking features of the meeting of the Cleveland Medical Society, devoted to the discussion of diphtheria, was the account of the recent epidemic at Ashtabula, by Dr. Hopkins, health officer of that place. Dr. Hopkins, in seeking the origin of the disease, canvassed the water supply and drainage system of the town, without result. He then investigated food products, and found, to his surprise, that all of the cases occurred in the route of one particular milkman, of the somewhat undistinctive name of Smith. On looking up this man at his home, he found that Smith had had a sore throat, and stayed in the house for two days, and, as he was not very ill, had then gone on his daily round. His throat, when he was seen, was clear of membrane, but showed signs of recent inflammation. There was in his family and in his home no other source of contagion. The disease in the village was limited with great exactness to his patrons, and you could pick them out with certainty dotted all along the street by the red cards of the board of health on the door.—*West. Reserve Med. Journ.*

CIRCUMCISION.—In most cases the foreskin adjusts itself to conditions of perfect cleanliness at the time of puberty, if not before. Physicians are not so senseless as to unnecessarily mutilate themselves and their families. Circumcision is a relic of barbarous and semi-civilized times, before soap and water and sanitation had been preached. It no doubt served a useful purpose among the nomadic tribes of tropical countries. But

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in these days physicians should cease to preach or impose upon their patients an unnecessary and irrational mutilation.

The rite which in these modern times might be substituted for the early religious ceremony of circumcision would, according to some, be resection of the spermatic cord of the vicious and defective classes, so that they should cease to propagate their kind. Spermatorectomy will probably triumph over and replace circumcision if anything does.—*Editorial in Med. Rec., N. Y.*

The Brompton hospital for consumptives, London, England, has been in existence for about eighty years. If the germ theory is true, then all will admit that the atmosphere of that institution has been saturated with them for years. No person can be in this institution without inhaling them, yet it is the history of that institution, promulgated through its own records, that in its entire history, from its foundation to the present time, that there has not been a single case of consumption in any of the physicians, nurses, attendants, or laborers connected with the institution. A history of this kind is entirely and irreconcilably incompatible with an infectious or contagious disease.—*Cin. Med. Journ.*

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The 40th annual meeting of the Illinois Homœopathic Medical Association will be held at the Tremont house, Chicago, May 14th, 15th, and 16th, 1895. This meeting promises to be of unusual interest, as the programme, now in the hands of the printer, is well filled with the titles of many most valuable papers.

The officers have exerted every energy to make this meeting of equal interest to the last session held in Chicago, when the association reached the zenith of its influence. It is expected this meeting will be even greater than ever in its far-reaching elevation of the homœopathic profession, and many prominent physicians from other states have promised to be with us and add their energy to ours.

Let every physician in the state remember his duty to the profession and the association and be at the meeting promptly at 10 o'clock, May the 14th.

Fraternally,

WESLEY A. DUNN, *Secretary.*

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LIST OF HOMŒOPATHIC PHYSICIANS.

INDIANA.

INDIANAPOLIS.

Boyd- J. T.
Bula, R. W.

Clarke, W. B , 188 Blackford st
Compton, J. A., 75 E. Ohio st

George, J. D., 96 E. Market st

Haynes, J. R.
Helming, T. W.

Jordan, L. W., 21 W. Ohio st

Rogers, Rebecca W., W. Ohio st
Rowley, William, 119 Peru
Runnels, O. S., 50 Circle
Runnels, S., 50 Circle

Sawyer, C. E.
Scheib, S., 40 E. Ohio st
Stewart, F. C., 89 E. Ohio st
Stewart, W. B., 89 E. Ohio st
Stewart, W. R., 89 E. Ohio st

Wehrman, E. A., E. Ohio st

Ackermann, A. C., Lafayette
Alexander, J., Hartford City
Allen, J. H., Logansport
Amermann, S. D., Columbia City
Andrews, G. D., Frankfort
Andrews, Jas., Thornton
Atherton, R. M., Anderson
Ayer, A. D., Charlottesville

Baker, F. W., Kokomo
Baker, W. H., Terre Haute
Barbour- J. E., Bristol
Beardsley, H. C., Holland
Beeler, J. S., Boonville
Benham, F. A., Jr., LaGrange
Benham, F. A., Elkhart
Bentley, W. R., Morristown
Bergen, E. D., Frankfort
Bernard, G. W., Rainsville

Borough J., Mishawaka
Bonham, D. M., Edna Mills
Bonham, A. N., Washington
Bergman, N., Berne
Bronson, V. C., Newville
Brown, G. W. L., Doolittle Mills
Bowen, G. W., Fort Wayne
Brown, A., Rochester
Brown, C. A., Plymouth
Bruce, W. E., Thorntown
Buchtel, I. O., Auburn
Bulla, J. M., Richmond
Bunch, R. E., Muncie
Butler, W. G., Clifty
Byler- J. M., Warsaw

Campbell, Annie B., Rockville
Canaday, S. F., Hagerstown
Chaffee, W. D., South Bend
Chaffee, J. C. M., Kentland
Chambers, W. B., Crawfordsville
Clapper, W. D., Mooreland
Cole, E. Z., Michigan City
Coons, H. N., Lebanon
Cory, H. W., Huntington
Culbertson, C. W., Shelbyville

Darby, A. B., Waterloo
Davis, N. C., Frankfort
Davis, F. L., Evansville
Davis, T. H., Richmond
Dean, D. H., Rushville
Dixon, R. S., Mt. Vernon
Dowling, J. W., Kendallville
DuBois, Geo. M., Lynnville
Dunlap, Elizabeth W., Plymouth
Dunlevy, G. C., Evansville
Dreese, C. L., Goshen

Edmonds, E. A., Hebron
Ehrmann, E. D., Rockport
Eikenberry, A. A., Peru
Elliott, L. W., Valparaiso
Elder, W. R., Terre Haute
Erni, G. O., New Albany

Fahnestock, A. A., Laporte
Fahnestock, C. S., Laporte
Fisher, A. L., Elkhart

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Fleming, E., Woodland
Franz, Ernest, Berne
Frazer, W. W., Dunkirk
Funk, S. M., Elkhart

Gamble, E. F., Garrett
George, W. E., Franklin
Gibbs, J. C., Crown Point
Gilbert, C. F., Cardonia
Gilbert, C. H., Rushville
Gleason, W. W., Muncie
Godfrey, Julia, South Bend
Goodwin, J. W., Otwell
Goff, W. W., St. Paul
Gott, W. T., Crawfordsville
Graham, W. B , Richmond
Graham, J. J., Lapel
Green, Mrs. F. M., Fort Wayne
Gromann, C. Brunswick
Grosvenor, E. B., Richmond
Gullefer, T. B., Greensburg
Gustin, F. M., Union City

Haas, H. C., Peru
Hall, A. C., Laporte
Hammond, J. H., Anderson
Hanford, W. H., South Bend
Harpole, B., Evansville
Harrell, S., Noblesville
Harris, Ella, Ft. Wayne
Harris, L. P., Ft. Wayne
Hartsell, W. W., Rensselaor
Hastings, S. G., Muncie
Hastings, A. H., Winchester
Hatch, E. M., Logansport
Hatch, H. S., Madison
Hayward, M. P., Lawrenceburg
Hedrick, J. T., Alfordsville
Hedrick, W., Alfordsville
Hermann, W. H., Schnellville
Herr, L. S., Evansville
Hicks, J. M., Huntington
Higbee, J. L., Sullivan
Higbee, G. W., Sullivan
Higgins, R. G., Princeton
Hill, W. D., Greencastle
Hildrup, J. R., Windfall
Hoag, J. H., Oxford
Holcombe, A. W., Kokomo
Hollaway, J. C., Vincennes
Holloway, Lizzie, Spiceland
Hoover, P. N., Boonville
Hough, F., Hammond
Huddleston, A. F., Winchester
Hudson, O. L., Princeton
Hull, Wm. H., Center
Hunsinger, J. C., Elkhart
Hunter, T. C., Kokomo
Huntsinger, Eli, Frankfort
Huron, F. H., Danville
Huron, W. B., Tipton
Huss, A. B., Sellersburg
Huss, Q. R., Sellersburg
Hutchinson, J. B., Madison
Hyde, J., Terre Haute

Irons, J. W., Rochester

Jackson, H. A., Peru
Jackson, Sarah, Jeffersonville
Johnson, A. R., Pierceton
Johnson, W. A., Falmouth
Jones, E. P., Marion
Jones, A. C., Muncie

Kalbfleisch, A. H., Peru
Keefer, C., Newburg
Keehne, L. E., Milford
Kester, R. S., Kendallville
Kester, A. A., Walcottville
Ketchum, F. G., Valparaiso
Kitchell, J. S., Noblesville
Kreider, M. K., Goshen
Kreider, W. B., Goshen

Lamar, H. L., Eureka
Lang, J., Lake
Latham, A. P., Columbus
Lehmann, A., Ft. Wayne
Light, J. W., Columbus
Lilly, H., Butler
Linn, H. G., Rushville
Little, B. T., Elwood
Lockwood, R. L., Wakarusa
Loomis, J., Jeffersonville
Lucas, J. N., Shelbyville
Logee, H. M., Connersville

McFarland, J. E., Mill Grove
Mahorney, J. C., Ladoga
Mann, L. S., Richmond
Martin, J. S., Muncie
Martin, S., Plymouth
Martin, F. V., Westville
Martz, C., Fort Wayne
McLin, G. H., Huntington
Medcalf, W. M., Vincennes
Mendenhall, O. A., Xenia
Merrilees, W. M., Leavenworth
Merz, H. G., Hammond
Meyers, C. H., South Bend
Michael, A., Buck Creek
Miller, A. G., Plymouth
Miller, T. E. F., Westport
Millikin, J. H., Elwood
Minks, F. W., Portland
Moore, Miss N. L., New Castle
Morgan, Ada B., South Bend
Mumaw, H. A., Elkhart
Musgrave, S. D., Evansville

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Needham, H. J., New Albany
Newton, I. A., Boonville
Noe, R. B., Thorntown
Nolder, S. M., Fairmount

Overpeck, J. W., Cambridge City

Palmer, L. R., Valparaiso
Parry, Martha, Kokomo
Partridge, I. M., South Bend
Phillips, S. P., Fort Wayne
Phinney, A. J., Muncie
Pressly, I. N., Elletsville

Reed- W. N., No. Manchester
Reed, U. L., Wolf Lake
Reynolds, Margaret, Richmond
Reynolds, P. L., Richmond
Rhodes, R. R., Yankeytown
Rice, A., Columbus
Rice, T. R., Petersburg
Rieff, N. G., Albion
Robbins, J. B., Demotte
Robinson, F. H., Delphi
Ross, George A., Fort Wayne
Rutherford, C. E., Peru
Runyan, J. F., Alexandria

Sanborn, F. P., Angola
Sayles, M. F., Valparaiso
Schultz, A. F., Fort Wayne
Schultz, T., Evansville
Scott, W. D., Spencer
Sears, A. H., Anderson
Secoy, S. H., Jeffersonville
Severinghaus, E. A., New Albany
Shane, T. A., Columbus
Shellhase, F. W., Tell City
Shoemaker, G. L., Nappannee
Smith, A. D., Angola
Smith, E., Aurora
Smith, J. M., Lafayette
Smith, J. W., Vevay
Springsted, A. E., Bluffton
Sprunger, P. A., Berne
Stark, W. I., Fontenet
Stewart, J. W. G., Wabash
Stewart, W. F., Wabash
Stewart, L. B., Marengo
Stewart, O. H., Syria
Stine, R. L., South Bend
Stutz, J. A., Fort Wayne

Taylor, G. W., Greencastle
Taylor, H. W., Anderson
Taylor, Mrs. Mary J., Greencastle
Taylor, T. H., Evansville
Taylor, J. N., Crawfordsville
Teague, I. C., Richmond
Thomas, M. C., Petersburg
Thomas, W. H., Elkhart
Thomas, W. D., Rockville
Thompson, E. C., Liberty
Thompson, J. F., New Castle
Thompson, H. H., Terre Haute
Thurston, E. H., Hagerstown
Tilson, W., Lafayette
Troxell, S. P., Paxton
Turner, Porter, Elkhart
Tyner, S. L., Paradise
Tyrell, C. C., Evansville

Viehe, C. H., Evansville
Vietz, E. W., Plymouth

Wall, M. M., Marion
Washburn, A. T., Gilbertville
Waters, M. H., Terre Haute
Westcott, J. B., Goodland
Whippy, W. A., Goshen
Whippy, Geo. A., Ligonier
Whistler, L. M., Evansville
White, R. D., Montpelier
Whiting, S. C., Laporte
Whitney, Mrs. W. D., Muncie
Whitney, E. A., Muncie
Wilcox-Hammond
Wilson-Moore, A. L., Terre Haute
Wilber, R. M., Bloomington
Winter, G. G., Shelbyville
Wise, J. B., Frankfort
Wolf, Geo., Manchester
Wood, J. C., Franklin
Wright, J. K., Cambridge City

Zimmermann, W., Richmond

INDIAN TERRITORY.

Collins, H., Fairland

IOWA.

Adams, C. A., Sac City
Allen, Hattie, Waterloo
Allen, P. B., Marne
Angell, J. W., Iowa Falls
Apline, C. A., Ames
Apline, W. H., Cambridge
Arkills, W. B., Rudd
Ashton, C. W., Traer
Austen, P. A., Muscatine

Bailey, John, Sioux City
Bailey, B. F., Keokuk
Baker, M. Y., Fayette
Baker, C. O., Fort Madison
Baker, R. C., Oelwein
Bancroft, W., Keokuk
Barker, M. R., Grundy Centre

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Barlow, B. G., Iowa City
Barr, J., Algoma
Barrett. J. W., Osage City
Bartlett, Jane, Ames
Bartlett, T. W., Sioux City
Bass, S. A., Elkader
Bebout, S. R., Des Moines
Becker, F., Clermont
Becker, F. J., Postville
Bell, J. S., Rock Valley
Bickley- G. G., Waterloo
Bickley- J. G., Waterloo
Bennett, C. F., Waterloo
Blackman, G. E., Newton
Blunt, A. W., Clinton
Bohstadt, Minnie, Oskaloosa
Bolding, W. R., Alvord
Bolles, C. H., Denison
Bonham- J. C., Ottumwa
Boon, W., Homer
Bouldin, I. W., New Hampton
Bowman, A. P., Sioux City
Boynton, F. H., Chariton
Bray, N., Dubuque
Brooks, C. F., Independence
Brown, Chas., La Mont
Brown, G. A., Spencer
Bryant, Z. Z., Summer
Burbank, J. C., Clinton
Burnett, E. H., Rockford
Burns, J. D., Grundy Center
Busenback, Lucy, Des Moines
Byers, D. S., New Hampton

Carpenter, S. B., Waterloo
Carson, J. A., Maquoketa
Carson, L., Maquoketa
Cartright, E., Decorah
Cass, L. H., Marne
Center, H. H., State Center
Clark, W. O., Burlington
Cleckner, J. J., Toledo
Cogswell, C. H., Cedar Rapids
Cogswell. Mary W., Cedar Rapids
Collester, J. C., Spencer
Compton, J. R , Webster City
Conner, W. H., Fairfield
Corning, G. A., Hampton
Coulter, Elva M., Dubuque
Crippen, J. H., Waterloo
Cron, J. S., Gladbrook
Cummins, F. N., Muscatine
Cummins, J. S., Muscatine
Cutler, H. P., New Providence
Cutler, C. E., Magnolia

Daily, Ada, Sheffield
Dassler, P. H., Minden
David, W. F., Marshalltown
Davis, J. W., Dubuque

De War, H. M., Green
Derx, J., Farmington
Dickinson, D. W., Des Moines
Dickinson, W. H., Des Moines
Dittmer, H. A., Manchester
Dittmer, M. E., Earlville
Donnelly, Geo. K., Sioux City
Doolittle- M. E., Hawarden
Drake, J. H., Des Moines
Dryborough, J. W., Des Moines
Du Bois, J. W., Batavia
Duden, William, Allerton
Duncan F., Des Moines
Dunham, H. E., Strawberry Pt
Dunlevy, H. F., Bedford

Eaton, C. W., Des Moines
Ehinger, George H., Keokuk
Ellis, Harry, Hampton
Elms, J. K., Ottumwa
Erwin, William, Indianola
Evans, P. H., Jesup

Fees, A. W., Lenox
Finger, C. F., Charles City
Finley, D. M., Clinton
Fisher, G. W., Laporte City
Fisher, H., Pomeroy
Fitch, H. L., Rowley
Fletcher, D. S., Sioux City
Fry, I. H., Marshalltown

Gantz, B. N., Fairfield
Garbeirch, E. W., Des Moines
Garth, Thos. Clarion
Gilchrist, J. G., Iowa City
Gilbert, W. L., Garner
Gleason- G. W., Rock Rapids
Glasier, J. J., Brush Creek
Goldsmith, A. A., Eagle Grove
Goldsworthy, L. O., Osage
Golden, H. C., Vinton
Gordon, O. W., Council Bluffs
Goodale, L. H., Nashua
Goodrich, Alice, Des Moines
Graeser, B., Battle Creek
Gray, R. H., Victor
Gray, W. R., Le Mars
Greattrax, J. H., Boyden
Groman, A., Odebolt
Grubb, W. F., Farmington
Gruber, C., Clinton
Guilbert, Ed A., Dubuque

Hallett, D. F., Red Oak
Hallman, V. H., Raymond
Hamilton, D. M., Glenwood
Hanchett, J. L., Sioux City
Hanchett, A. P., Council Bluffs
Hansen, A. S.

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Harding, Miss M. R., Newton
Harris, Nellie R., Des Moines
Harris, W. F., Keosauqua
Harris, R. H., Grinnell
Harris, R. L., Tabor
Hart, G. D , Kalo
Hazard, T. L., Iowa City
Hermann, John, Sioux City
Hickox, Mrs. C., Cedar Rapids
Hill, F. R., Grinnell
Hill, O. F., Epworth
Hill, M. W., Ackley
Hillis, E. L., Winterset
Hillweg, C. A., Corning
Hindman, D. R., Marion
Hitchcock, L. B., Camanche
Hocking, W. F., Newton
Hoefle, H. C., Davenport
Homan, R. W., Belford
Home, F. B., Keota
Horton, F. W., Sanborn
Horton, W. H., Belmond
Hough, E. C., Villisca
Howard- D. W., Independence
Howard, F. H., Strawberry Point
Howe, M. F., Coggon
Hoyt, L. F., Jefferson
Hoyt, Mary O., Keokuk
Hubbard, W. A., Cedar Rapids.
Humphrey, Alice, Des Moines
Humphrey, H. M., Marengo
Humphrey, J. W., Shenandoah
Hunter, A. J., Oskaloosa
Hunter, A. O., Des Moines
Hurd, A., Astor
Hurlbert, E. T. M., Des Moines
Huxley, A. T., Mason City

Irvin, H. C., Earlham

Jackson, E. R., Dubuque
Jerald, D. C., Elma
Johnson, T. F., Perry
Johnson, Leora, Iowa City
Johnstone, B. R., Onawa
Jones, W. G., Williamsburgh

Kennedy, W. R., Iowa City
King, S. M., Albia
King, J. E., Eldora
Kirkpatrick, R. S., Des Moines
Kitchen, W. A., New Market
Knickerbocker, C. W., Charles City
Knox, J. C., Stuart

Laning, Chas., Muscatine
Lawrence, I. H , Storm Lake
Lee, F. W., Riceville
Lewis, E. C., Mt. Pleasant
Linn, A. M., Des Moines
Linn, E. G., Mt. Pleasant
Livermore, D. L., Dunlap
Loizaux, C. J., Des Moines
Lowell, J. S., Clinton
Lowery, J. H., Neola

Mackey, J. L., Lake City
Macomber, A. P., Atlantic
Marr, H. E., Shenandoah
Marsh, C. C. Ottumwa
Martin, A. L., Boone
Marvin, H. N., Sioux City
Matteer, H., Polk
McAfee, E. M., Clinton
McAllister, H. C., Muscatine
McLean Samuel, N. Washington
McChesney, H. A., Oskaloosa
McConnell, —, Spencer
McEwen, N. T., Rockford
McEwen, E., Mason City
McFarland, J., Centerville
Miles, F. P., West Liberty
Miles, Isaac H., McGregor
Miner, H. S., Ft. Dodge
Mirrick, W. A., Monticello
Miller, Wm., Davenport
Montgomery, C. F., Mo. Valley
Montgomery, P. J., Council Bluffs
Moore, D. S., Northwood
Moore, N. L., Des Moines
Morehead, Jas., Marion
Morey, E. G., Sioux City
Morford, C. M , Toledo
Morton, W. M., Iowa Falls
Moss, Flora C., Oskaloosa
Murch, A. J., Belle Plaine
Myers, A. J., Creston
Muirhead, Geo. S., Marion

Nelson, J. S., Ft. Dodge
Newberry, F. J., Iowa City
Newland, M. A., Centre Point
Newman, M. M., Edgewood
Nichols, F. L., St. Ansgar
Nixon, S. E., Burlington

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Olney, B. F., Fort Dodge

Paisley, C. F., Burlington
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Parsons, R. M., Traer
Patterson, C. E., Sumner
Patterson, H. S., Elkader
Paul, I. N., Perry
Peebles, Geo., Cedar Falls
Perkins, E., Forrest City
Perney, H. L., Wilton

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Phillips, Thomas, Raymond
Pierson, A. H., Union
Pond, C. C., Sioux Rapids
Potter, F. J., Bluffton
Prentis, P. L., Delphos
Prichard, M. F., Cherokee
Preston, A. L., Baxter

Ramsey, G. W., Masonville
Reller, E. W., Council Bluffs
Remington, F. A., Sioux City
Richardson, E. E., Lamont
Rishell, J. G., Lewis
Robbins, F., Neola
Roberts, H. W., Ottumwa
Robbilliard, W. H., Liscomb
Rogers, L. O., Newton
Rowland, Mary, Davenport
Royal, George, Des Moines
Ruby, W. O., Winterset

Sage, F. C., Hudson
Salisbury, W. W., Estherville
Scidmore- Mrs. M. A., Le Mars
Schwartz, Chas. M., Cedar Rapids
Scott, D., Dubuque
Scott, J. R., Malvern
Scott, W. A., Pleasantville
Seeley, W. A., Sutherland
Seems, T., Mitchellville
Seeman, F. A., Dubuque
Seeman, W. O., Dubuque
Seidlitz. G. N., Jr., Keokuk
Shattuck, D. P., Independence
Sheldon, A. C., Des Moines
Shepard, W. S., Hull
Simpson, W. S., Grinnell
Smith, Sarah, Council Bluffs
Smith, C. W., Maquoketa
Smith, G. E., Mt. Pleasant
Smith, M. H., Council Bluffs
Snyder, M. B., Council Bluffs
Snyder, Mrs. M. B., Council Bluffs
Souster, W. W., Toledo
Spaulding, L. Q., Battle Creek
Spaulding, C. W., Carroll

Speers, Elizabeth, Marshalltown
Spreng, T. F. H., Sioux City
Stadds, S., Pomeroy
Staggs, W. A., Waverly
Steinmeyer, F. A., Bonaparte
Stearns, A. M., Essex
Strawbridge, F. A., Sigourney
Summers, M. H., Columbus Junction
Swan, Clara J., Mt. Pleasant
Swinburne, A. H , Earlville

Taylor, L. M., Fredericksburg
Taylor, Miss Ellen A., Davenport
Thompson, Jas. H., Davenport
Tiffany, D. S., Keota
Triem, P. E., Manchester
Turner, A. F., Britt

Veenschoten, T., Pella
Vought, J., Livermore
Vroom, C. W., Ackley

Waggoner, M. R., De Witt
Waggoner, M. C., De Witt
Walker, J. L., Emmetsburg
Walters, C. E., Cedar Rapids
Ward, E. S., Dahlonega
Ward, W. J., Gilman
Watzek, G. W., Davenport
Weidner, W. F., Atlantic
Welch, W. R., Clinton
Wessel, H., Davenport
Whitacre, E D., Marshalltown
White, A., Winthrop
Whiting, Mary, Iowa City
Wiggins, C. C., Osage
Wilder, B. A., Sib'ey
Wilder, C. V., Atlantic
Wiley, E. B., Grinnell
Williams, L. L., Clarence
Wilson, E. H., Osceola
Winsett, B. F., Des Moines
Woodburn, Wm., Des Moines
Workman, W. M., Rolfe

Yeomans, S. P., Charles City

Zoller, A. V., West Union

A little actress said to a friend the other day:

"I want to buy a little property somewhere in the country where I can make my home some day."

"Have you the money?"

"I have 15,000 francs owing to me."

"That's not enough."

"But I have ten lovers who might assess themselves."

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CARBO-ANIMALIS AND VEGETABILIS.

BY F. O. PEASE, M. D., PROFESSOR MATERIA MEDICA HERING MEDICAL COLLEGE.

Carbo-Animalis—Charred Bone.

This drug ought not to be blindly identified with Carbo-vegetabilis as is done by so many, even some who never think of it, but give Carbo-veg.

If the distinctive symptoms of the two are compared, all thought of their *identity* will vanish.

In the first place, they do not follow each other well; they are inimical to such a degree that one will interfere with the action of the other.

Carbo-an. contains phosphate of lime, and is complementary to Carbo-phos.

Carbo-veg. contains and is complementary to Kali-carb.

I will give the distinctive symptoms of Carbo-an., comparing with Carbo-veg., and some others, then will take up Carbo-veg., but hope you will so study the two together that you will not err in prescribing them.

Carbo-an. is suited to old persons and those greatly debilitated by disease, and such patients are inclined to blueness of the skin, especially of the hands and feet, cold and blue.

It effects deeper organic changes, as in glands, skin, joints, and other coarser structures, than Carbo-veg., and is preferable in glandular affections, in syphilis and in gonorrhœal patients, in cancer, and in scorbutic conditions.

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The patient feels very homesick, moods very changeable, is easily frightened (in the dark), head is easily confused "is not sure that he slept the night before."

Sounds are not easily located in the right direction.

The complexion is earthy, cachectic.

The sweat is *yellow*, fetid, and profuse, feet extremely cold, the nervous system is weak, and easy congestion obtains, as in the color of cancers and other tumors. (Compare Lach., Secale-Puls.) Scars and cicatrices sting, get sore, and open (similar to Borax), especially in bad weather.

Carbo-an. has, "As if the right leg was elongated at night in bed. Thuja, same of left leg. Cinnabar has, as if left leg was too short on walking. Causticum has, as if right leg was too short on rising.

Both remedies come very close together, especially in the last stages of pneumonia, bronchitis or phthisis, when there is destruction of lung tissue, and here do not forget the inimical relation between the two remedies. Don't give Carbo-veg. to a Carbo-an. patient. Carbo-an. has suffocating, hoarse cough, with loose feeling of the brain in the head. There is a cold feeling in the chest, similar to Bromine. The sputum is green, purulent, and of horrible odor, and comes generally from the right lung.

The Carbo-veg. cough is spasmodic, with deep, rough voice, or aphonia, worse at night. There is burning in the chest, and expectoration is profuse, yellow and very fetid, and much rattling in chest.

In debility, Carbo-veg. is always better than Carbo-an., except in that of nursing women, there is marked and sudden prostration from nursing the baby, just as it finishes. (Cocculus, Oleander.)

In syphilitics *copper colored spots* on the skin, especially of face, the glands are involved, and there may be great emaciation; here Carbo-an. is meant and not Carbo-veg., and the remedies to compare are Merc-biniodide, Nitric acid and Badiaga.

In suppurative inflammation of the ears the two carbons meet again; in both the discharges are thin, ichorous and bloody, and offensive, but Carbo-an. has swelling of periosteum, over the mastoid (similar to Capsicum—and the trouble is within the

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cells—which has more pain; also compare Aurum and Nitric acid.)

Carbo-veg. has no swelling back of ear.

In the eye symptoms Carbo-an. is far-sighted, objects seem to be far off.

Carbo-veg. is near-sighted; objects must be placed near the eye to be seen; this symptom is worse after exerting the eyes.

In Carbo-an. the mood is changeable, cheerfulness predominates.

Carbo-veg. is sensitive, has fear and ailments from fright or fear (Acon.), while Carbo-an. has ailments from chagrin or mortification.

Carbo-Animalis.	*Carbo-Vegetabilis.*
Better lying on back.	Better being fanned strongly.
Has painless diarrhœa.	Painful diarrhœa.
Profuse secretion of urine.	Scanty urine.
Sexual desire decreased.	Sexual desire increased.

Compared with Graph. (another carbon.)

Carbo-an. has stinging in old scars.

(Graphites has burning in scars, and they ulcerate and may disappear. Phos-a., scars ulcerate and bleed.)

Carbo-Vegetabilis.	*Carbo-Animalis.*	*Secale.*
Anxious and restless, especially from 4 to 6 o'clock P. M. Sudden weakness of memory. Ideas *flow slowly.*	Sad and reflective, alternate moods, cheerful or melancholy.	Melancholy, *great anguish, fear of death, mania with violence.*
Very drowsy in the daytime. Heaviness as from a weight *in* the eyes.	A net seems before the eyes.	Eyes sunken, blue margins.
Nose-bleed with pale face before and after each attack. Gray-yellow or greenish, or great paleness of the face.	Face earthy, cachectic. Copper-colored eruptions.	Face pale, sunken, distortion of mouth and lips spasmodic.
Desire for coffee, acids, sweet and salt things, averse to fat or meat.	Cold sensation in stomach, averse to meat or fat.	*Violent, unquenchable thirst, unnatural appetite.*
Great flatulence, odorous or not. (Putrid.)	Hard, distention with flatulence, unsuccessful desire for stool.	As if *cold* in abdomen and back.

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Light-colored, slimy stools.	More costive.	Slimy, offensive stools. Thin, olive green stools.
Burning pains in limbs, icy coldness of fingers, numbness in limbs.	Stiffness of joints, worse at night, worse in cold air.	Numbness and coldness of limbs, prostration and extreme debility. Worse before menses, during pregnancy, parturition, confinement, from motion, being covered, and from warm applications, better from being fanned and covered.
Adapted to old people and children, after exhausting diseases.	Adapted to elderly women, and young scrofulous women.	Especially adapted to thin, feeble, cachectic women.

Carbo-Animalis.	*Graphites.*
Chill worse by drinking; mood more towards cheerfulness.	Chill better by drinking; mood is sad, despondent, peevish.
Menses too soon and profuse.	Too late and scanty.
Not over-sensitive to pain.	Graph. is at times but not so much as Hep-sulph.

Carbo-Animalis.	*Causticum.*
Hoarseness worse at night.	In the morning.
Face has cachectic look, earthy, dull.	Face yellow, sickly looking.
Afraid in the dark.	Fears to go to bed alone.
Alternate cheerfulness and melancholy.	Melancholy mood, hopelessness.

Aggravation of Carbo-an.—In open air, from exertion, tobacco smoke.

(Ign.) from fish; aversion to fats (Puls.)

Ameliorations.—Lying on back. In light (Stram.)

Calc-phos., complementary.

Antidoted by Ars., Camph., Nux-vom., wine.

It is an antidote to bad effects of quinine.

Carbo-Vegetabilis.

Simple vegetable charcoal, inert as a crude substance, except that it will absorb noxious gases to the extent of several times its own atomic weight, is almost a pure carbon, not quite so pure or as hard as the diamond, but under the alchemy of the

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homœopathic potentization becomes a real medical diamond and a monument to the genius of Hahnemann.

As a medicine it has a potent influence on the vital force for good or evil, according as it is prescribed wisely or carelessly.

It is a deep-acting anti-psoric and anti-sycotic also.

Through the vegetative nervous system it affects the mucous membrane, and skin *after* the veinous system has become weakened, and a condition of lack of tonicity in the veinous coats; this favors stasis, slowing of the blood stream, thus lack of animal heat, and of functional activity of the secretory glands, and excretory functions also; hence the fetor and foulness, the presence of harmful and morbid ferments in the digestive canal, all these showing the distunement of the vital, by the disease force.

Carbo-veg. illustrates the *power* that in the infinitesimals is so much greater than the crude drug. The lifting power in the screw is not the screw itself, but is active only when the screw is in motion.

Crude drug matter does not represent drug force any more than does a crude disease product represent the force that built it.

The knife or cautery may remove the tumor caused by the cancer force, but that force (cachexie) remains and devours the remaining tissue, unless removed by a force on the same plane, which, by its similarity, or simility, renders it inert, just as the motion of the screw opposes the law (or motion) of gravity, and the weight is raised.

Force, power-potential dynamics, all are illustrated in its effects on disturbed life force, by this remedy, Carbo-vegetabilis.

It is to be thought of and studied in diseases resulting from some one or more of the great miasms. Hahnemann placed it in the front rank of anti-psorics. Chemical analysis shows that there is some carbonate of potash in vegetable charcoal, and it is a fact that Kali-carb. is complementary, especially in throat and lung diseases, and in gastric troubles.

Carbo-veg. is complementary to Phos. in chest, throat, and respiratory treatment, and in the debility or threatened paralysis following acute disease.

In the wake of, it may be measles, or whooping-cough, or la grippe; patients get up but are not *well* or strong—there has

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been a retrogradation; functions have been changed; here Carbo-veg. may be called for and will restore health.

We use other carbons, the two charcoals and Graphites; Carbo-an. contains lime phosphate; Carbo-veg., carbonate of potash; and Graph. contains iron. This will help you to understand the symptoms of these remedies.

Carbo-veg. is antidoted by Ars., Camphor, Coffee, Lach. and Spiritus nitri dulcis.

Causticum is in inimical relation and so is Carbo-an.

(These inimical relations should be studied—Apis and Rhus, etc.)

Carbo-veg. is an antidote to bad effects of putrid meats or rancid fats, and to abuse of quinine.

It is adapted to old people and to children after exhausting diseases, and to patients prematurely old from miasmatic diseases and mal-treatment from allopathic and mistaken homœopathic physicians. In hemorrhages, as in nose-bleed from weakness or while straining at stool, or from the uterus or lungs, the blood is dark and rather fluid. The epistaxis is apt to come in old or debilitated subjects, or in the course of diphtheria, in which it comes close to Merc-cyan., and Camphor. In hemorrhage from the lungs, the patient suffers from great anxiety, complains of burning pains in the chest, the pulse thready and intermits, the face pale with cold sweat, the patient wants to be fanned. In these conditions Cinchona and Ars. will come very close and help your work. Both Ars. and Carbo-veg. have the burning pains, but Ars. has the greatest irritability of fibre and mind. Carbo-veg. is an anxious but sluggish remedy; Ars. is anxious and tossing about.

Ipecac is to be remembered in the hemorrhages from the lungs or womb, when the patient takes long or panting breaths, and unless there is coldness amounting almost to collapse, the Ipecac would be a better remedy to commence with than Carbo-veg. or Cinchona. Cinch. has faintings, skin cold and blue, twitching of the face, and comes in where Cham. has been abused.

In the mental sphere, Carbo-veg., the anxiety and restlessness comes in the afternoon, from four to six o'clock. There is also nightly fear of ghosts. (Crotalus *sees* death. Hyos. and Stram. see and talk with people who are not present.)

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Carbo-veg. very drowsy in the daytime, when sitting or reading, general dullness or languor, not restless (Bry.)

Sensitiveness of scalp (Phos.) hair falls out, especially after acute diseases and confinement. (Sepia and Nat-mur., also.)

Great paleness, or greenish, or grayish-yellow color of face, in low states, with cold sweat.

The gums recede from the teeth. (Merc. Nitric acid, bleeding easily.)

Tip of tongue, red, dry and raw. (Rhus.)

Desire for sweet or salt things, averse to acids. (Cinchona leads in desire for sweets, even before Arg-nit., Sacch. off., 1st.)

Weak digestion; the plainest food distresses. Frequent or violent eructations of gas, or of tough glary mucous, runs from mouth in a stream. (Acetic acid.)

Carbo-veg. and Nux-vom. come very close to the conditions after a carousal or "spree." Nux., you will learn, does very well for a first or infrequent "drunk," but in old topers Carbo-veg., Ars., Agaric are better.

Carbo-veg., much burning pain in the stomach, with contracting pains. Stomach is full to bursting, flatulent, emission of much flatus, offensive or not, in odor. (Lyc., Sep., Sulph. have this fullness after eating. Lyc., can't eat because of fullness and distension of stomach. Sulph., fullness after eating but not distension. Sepsis, fullness, but the hunger is not satisfied.) (Sang. and Sarsap. feel empty after eating.)

Carbo-veg., abdomen feels heavy, flabby, walks bent, she needs to support the abdomen.

Scrofulous persons, with slimy, light-colored diarrhœa. Tendency to diarrhœa rather than to constipation. (Puls., alternate diarrhœa and constipation.)

Acrid corrosive moisture, fetid odor, oozing from rectum. (Sep. has oozing, but not acrid or fetid.)

Hemorrhoids, bluish, with burning, stinging, and itching. Mur. acid, large, blue, burning piles.) (Nitric acid, old piles, secreting much mucous, and bleeding profusely after stools.)

Menses, too early and too profuse, blood thick, acrid and corrosive. (Too late and scanty, corroding thighs, K. cb., Sarsap. and Sulph.) The leuchorrhœa, profuse or only in the morning, corroding and offensive (similar to Kreosote).

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In cancer uteri, *burning pains*, worse at night, corroding discharges of horrible odor. (Ars., restless and anxious, worse after midnight.)

Respiratory—Long-lasting hoarseness, roughness of voice, aphonia, voice fails on effort.

Rattling, choking, gagging, pharynx full of phlegm, easily hawked up. (Carbo-an., tough, difficult, more like Kali-bich.)

Chronic ulceration of larynx, vocal cords swollen, bluish or dingy purple. (Arg. nit., studded with small excrescences.)

Alumina, like Carbo-veg., chronic hoarseness, but Alumina has dryness, etc. Cough, short, hacking, with gagging, retching, (cough, with retching of food, Ferr., Dig., and Rhus.)

With the chest troubles, or in collapse, comes the desire to be fanned and also here will be the icy coldness of the hands and feet. (Lac. def., with constipation.)

Varicose veins, arm, legs, and even on genitals, with tendency to indolent ulceration, burning pains, blueness. Ulcers flat, spreading, instead of deep. (Ars. has high edges; Lach., phagedaena slough.) In carbuncle, when gangrene is imminent, foul odor, blueness, collapse, etc., Carbo-veg.

In stage of collapse, in fevers also, Ars., Secale, Pyrogen., etc.) Intermittents of low grade, irregular paroxysms, the sweat is sour and offensive.

In hectic fever, consequent on prolonged suppuration, whether in lungs, or abscess, as hip joint disease.

The collapse of Carbo-veg. is—Nose, cheeks and extremities cold. breath may be cold, mental faculties benumbed, speech thick and slow, pulse threadlike, or absent, breath weak, superficial, desire to be fanned, may be conscious or not. (Camphor similar in cholera, comes in earlier, don't want to be covered or fanned.)

In old drunkards who are all broke up, Ars. is the nearest concordant, but Carbo-veg. is torpid and irritable, and is tremulous, shaky. Nux. and Carbo-veg. are often close together, but Carbo-veg. comes after Nux. "The Nux patient is a thin, yellow, wiry, nervous fellow; Carbo-veg. is sluggish and lazy, and of stout build."

Cinchona has functional debility from loss of vital fluids.

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Carbo-veg. has debility from organic lesions and progressive disease.

Its general key-notes seem to be:

Languor without restlessness.

Sudden debility, *at noon.*

Fetid, rancid eructations, with rumbling and flatus.

Burning in chest, after cough.

Coldness of knees.

Desire to be strongly fanned.

The rough voice fails on effort (complete aphonia, Caustic).

Sexual debility.

Varicose veins and capillaries.

Is prophylactic against yellow fever.

After-pains located in shin bones.

Complementary to the action of Phos.

Complemented by K. cb.

Incompatible. (Carbo-an., Causticum, Lach.)

NOTE.—Hering, Farrington, Kent and others have been consulted in the preparation of this article.

ABOVE THE OS CALCIS.*

One morning in September, while lecturing to a class of students at the —— Medical College, my attention was arrested by a strange face among my auditors. Not that a new face in the class was, by any means, so great a rarity as to attract notice; nor was it the fact that this face was a peculiarly heavy-jawed and brutal one that attracted my attention. Indeed that sort of physiognomy is not unknown among medical students. It was rather that it inspired in me a feeling of peculiar repugnance, and seemed to be connected with some disagreeable remembrance, the details of which I could not recall.

Fortunately the lecture I was giving was one that I had delivered before a thousand times more or less, and could go through almost automatically, or I should have made sorry work of it, I fear, so greatly was I disturbed.

Moreover to still further disconcert me a kind of neuralgic pain in the right heel (the result of an old injury) to which I was

*This sketch is the result of a wager, that a short story could not be written, now-a-days, with an absolutely original plot. Anybody who has ever read or heard of a story or incident like the above, will confer a favor by communicating where it can be found to the editor.

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subject at rare intervals of six months or so, came upon me with such unusual severity, that I was in danger of making sad work of my lecture from that cause alone. Still I stumbled on with my subject, while my mind was eagerly but vainly endeavoring to recall when, where and under what circumstances I had seen or been associated with the unpleasant looking individual who was lowering at me with his villainous eyes.

Sometimes I seemed on the very point of succeeding; the whole thing seemed about to come to my mind, but I was always baffled.

A circumstance that struck me as very peculiar was, that when I was apparently on the very point of remembering, my heel would ache severely; while at the times it seemed useless to try to remember anything about it, the pain would subside. This disturbed and excited state of mind, caused by a face or a look, awakening some dimly remembered thing of the past, is quite a common experience. I had often felt it before but never with a tithe of its present intensity.

"Where have I seen him? What did I have to do with him? What unpleasant connection have I with that face?" I kept asking myself.

Under this silent fusilade of interrogations, together with the pain in my heel, I felt that my lecture was getting a trifle wabbly and confused, but try as I would I could neither dismiss the subject nor solve it. Every time my eye caught that brutal and saturnine face a fresh crop of poignant emotions assaulted me.

It was like an abortive sneeze; you take the deep preparatory inspiration, you feel the pungent tingling through the nasal cavities, but for your life you cannot effect the satisfactory explosion, and it ends in a series of short catch breaths only to once more recommence its tantalizing sternutatory titillations.

But all things end, even medical lectures, and I will not say I did not cut mine ten minutes or so, in my curiosity to get at the fellow, and ask him where I had met him before, and what the devil he meant by disturbing me with his ugly face in the lecture room. But before I could make my way to him through the crowd of students, each anxious to speak to me, he had disappeared. At the same time the pain left me.

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The season was cool and wet, and as I walked from the college through a drizzling rain, the keenness of the sensation of a baffled recollection was gone, but my soul was oppressed with the melancholy incubus of an unsolved problem and it was some hours before I regained my usual equanimity. He did not appear again during my lectures, and in a few days the impression passed away.

About a week after the above incident it became necessary, in the course of my professional duties, to administer chloroform for a minor operation. The moment the odor of the chloroform reached my nostrils, it brought that wretched face before me. In some indefinable and mysterious way the smell of chloroform and the face of my *bête noir* were intimately associated in my mind. When? where? how? As a flood of questions rushed upon me, the pain in my heel started in with severity. It was very unusual for me to have more than one attack in a period of three months.

As before, the feeling was disagreeable, and mixed up with strong repugnance, not to say hate, for the man who had sat at my lecture.

And so my mind played once more at hide and seek with the memory of some forgotten incident, the details of which could not be recalled.

The odor of chloroform had never, before I saw that face, had any such effect upon me, although I must have administered it several hundred times in my professional life.

After the operation, the pain in my heel almost immediately subsided and I went into the street, resolved to seek some quiet place, and while the impression produced by chloroform was strong upon me, to bend my powers to the task of unraveling this peculiar experience.

The genial and inspiring sign "Roast Beef," deeply graven in the step of a restaurant, reminded me that I was hungry and also that here I might find a quiet place where I could engage in uninterrupted thought. Selecting a retired table behind a screen, I ordered dinner and began to think how strange it was that the old pain in my right heel should suddenly get worse, and, as I now began to think, have some connection with mental activity; for I could not help noticing that the disturbed state of

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mind consequent upon a baffled memory was accompanied by unwonted exacerbations of pain.

I then began to think when and where in my life I had taken chloroform, in the hope that by some subtle association of ideas I might find a clue to what I was after. My mind went back to my early student days, when I fell over a bluff while on a botanizing expedition, as the only time that chloroform had been administered to me personally. I remembered being carried, with a broken limb, and sundry and divers lacerations scattered profusely over my anatomy, to the hospital, where I spent a miserable three weeks. It all came back; first, the strangling vapor of chloroform; the excited state with all the church bells in town ringing in my ears; then the dreamy state, the feeling of beatitude, the blank, and the slow awakening with the doctor who had attended me feeling my pulse. As my memory thus went back and descended through the depths of anæsthesia, there slowly came to me a feeling that that horse thief's face was or had been hovering over me at the time. I could not remember seeing him before or after, but the conviction gradually settled upon me, that among the faces and phantasies of anæsthesia, this face had been present.

Then came the slow awakening and the tremendous commotion that followed, as I lay unutterably sick and faint. I never quite understood just what the trouble was, but it seemed something of great value had been lost or stolen in the hospital. I was too weak to be much interested, but I remember smooth faced detectives coming and going, asking innumerable questions, and answering none. Then came the search warrant and the official search of the hospital, during which everything in and about it was ransacked, to the great discomfort of the convalescents, but as I understood, nothing was found. My own bed, mattress, and pillows were literally torn open and searched by inches, so thoroughly was the work done.

The physician who had my case in hand was assiduous in his attention. I remember he paid especial attention to the wound I had received just in front of the Tendo Achilles, fearing, as he said, that it might make me lame. I had ever since had, on rare occasions, a very bad aching in that heel but it had not come frequently enough to bother me seriously.

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I resolved to write to the hospital at which I had been treated, to find out, if possible, something about the attendants and nurses who had to do with me. I could think of no other way of settling the question as to who that evil faced gentleman was, who seemed to give me a pain in my leg and who was mysteriously and most disagreeably associated in my mind with the odor of chloroform.

As I paid for my dinner and walked out of the restaurant the pain in my heel came on savagely.

I went directly to my office, where I found a telephone message requesting me to call at No. — North May St. I found No. — North May St. to be a little, dilapidated, one-story brick cottage, on the south-east corner of May Street and Austin Avenue. I knocked. The door was immediately opened by a man with a full beard, intelligent looking, and well dressed; his appearance was entirely out of keeping with his barren and wretched surroundings, for the room into which I entered could scarcely be called furnished, so scanty and so miserable were its appointments. The windows were curtained so that it was quite dark, and my eyes had not yet become accustomed to the dim light before I felt myself pinioned behind by the elbows with such a plenitude of strength that I instinctively felt that resistance would be useless.

By what sense the impression was conveyed to me I cannot tell, but certain it is, that without sight or sound of him, I felt an instantaneous conviction that the iron grip at my elbows came from none other than the villainous-faced attendant of my lecture. In the meantime the intelligent-looking villain who had admitted me to this precious trap stood in front of me with a neatly constructed gag in his hands, with the very evident intention of using it upon me, should I make the least outcry, which I did not attempt to do.

A moment later I was lifted off the floor and laid on my back on a table, and I immediately perceived a strong odor of chloroform.

Strange as it may appear to the reader, it is nevertheless true, that after the first surprise was over I felt no alarm. I rather felt a prodigious curiosity to know what was going to happen,

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especially when I felt that my saturnine friend of the lecture room had something to do with it.

One would naturally suppose that under such circumstances of peril, or at least uncertainty, a man would be so excited as to lose more or less the mastery of his powers, would sink into a stupor of fright, or fall into an ecstacy of excitement. On the contrary, I felt perfectly calm, and experienced an almost preter-natural activity of my mental powers.

It was evident that I was to be chloroformed; indeed the vapor was even now heavy around my face and mouth. I recognized the importance of avoiding this and resolved to do so by cunning. Being well acquainted with the phenomena of anæsthesia, I made up my mind to simulate the symptoms of chloroform narcosis as well as I could and at the same time to avoid, as far as possible, the inhalation of the vapor.

Accordingly I breathed as lightly as possible whenever the vapor was thick, and got as much air as I could by surreptitious inhalations when the inhaler was taken away for a fresh supply of the anæsthetic. Gradually I began to snore lightly and to let my lower jaw drop a little.

I accomplished my purpose. It is true my head was swimming, and my ears were ringing and my limbs were tingling with the effects of the soporific vapor, but I was nearly in full possession of my faculties when I heard some one announce succinctly:

"He's off."

I was pinched severely and a big finger was rubbed over my conjunctiva to see whether I resisted or not, all of which I stood without flinching. It is astonishing how much one can stand by the aid of a little determination.

The curtains were drawn and through my very slightly opened eyes I eagerly watched what followed.

The bearded man took off the shoe and stocking from my right foot.

"It was in the triangular space in front of the tendo achilles, and above the os calcis," said he.

The man who was administering the chloroform, who was none other than my enemy, left my head and began to examine the back part of my foot attentively. I was glad to get a little

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respite from the anæsthetic for I was almost gone in spite of my efforts to resist its influence.

The intelligent gentleman with the beard now produced a lance, a pair of forceps and several other instruments, then as if to be more free in his movements he seized his beard and removed it from his face.

I recognized him instantly. It was the doctor who had set my broken arm and otherwise fixed me up, after my fall over the bluff six years before.

In the name of all the saints what was going to be done to my foot! I began to fear amputation or some such gratuitous atrocity, but a glance at the lance assured me on that point; it was small and delicate.

The chloroform had numbed my nerves to a certain extent, so that what followed was not very painful. I felt the lance make an incision about an inch in length in the hollow space between the tendo achilles and the internal malleolus; then came a rather painful probing, as if something was none too gently inserted in the wound, and then a pulling or stretching sensation, as if something was being dragged out.

The two conspirators seemed greatly excited, and presently there was a rapturous chuckle and the doctor held aloft in triumph, between his thumb and finger, a *most magnificent diamond*, huge, glittering with an unapproachable splendor, all dirty as it was with blood.

"Give him a little more chloroform and let's be off," said the doctor. An irresistible quantity of the stifling vapor was now applied to my nose, and in a few minutes all was blank. When I awoke I was alone in the sordid room; it was near nightfall. I examined my ankle and found that the wound was neatly sewed up and a bit of plaster stuck over it.

The whole thing was plain to me now. This precious pair of rascals had stolen that diamond from somebody—patient or official of the hospital—and being hard pressed for a place of concealment for it, just as I was brought in all bruised with my fall, conceived the idea of opening my heel and hiding it in the adipose tissue that lies in front of the tendo achilles, and just above the projecting posterior portion of the calcaneum.

Thus were accounted for many mysteries, the doctor's extra-

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ordinary solicitude about the slight wound in my heel, the persistence with which he endeavored to keep me in the hospital, the reluctance with which he was finally compelled to let me go, and the occasional attacks of pain in my heel. No doubt he had kept a sharp watch on me ever since, waiting for a favorable opportunity to recover his so well hidden treasure.

And thus it happened that I was a walking jewel case, or a peripatetic diamond mine, for the space of six years, going about the earth with a king's ransom in my heel, and totally unconscious of the interesting fact. BISK.

MATERIA MEDICA NOTES.

As a result of La Grippe many cases of debility are presenting themselves. The following remedies should be carefully considered:

Natr-carb.—After exhausting disease of the chest, with pallid anæmia or watery whiteness of the skin; all symptoms aggravated before midnight.

Lycopodium.—When the urine is greatly increased with the passage of clots of blood. The patient is better from moving about.

China.—The characteristic debility of this remedy is well known. Losses of animal fluids; darting-tearing pains aggravated by contact, at night and after a meal.

Phos-ac.—Greatly resembles *China* in its action in debilitated persons. The head pains of the latter are felt on the top of the head, and the patient is very indifferent to the affairs of life.

Arsen.—When one observes excessive prostration in an anxious and melancholic person, fond of warmth in general, this remedy should be administered. There is always great restlessness although moving about weakens him.

Sulph.—Children usually recover promptly after lung or other diseases without resulting weakness. When they do not this remedy is required, especially if the skin is moist and the hair long and lank. When the child remains the same day after day without change it is especially valuable.

Verat-alb.—Should not be overlooked in old people, with cold blue hands and feet.

Carbo-Veg.—Debility with dyspeptic symptoms.

Rhus-tox.—Very tardy convalescence. T. S. H.

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NEW HERING.

We're students at "New Hering,"
  And we have just loads of fun
Before the little bell rings,
  And the lecture has begun.

So, upon the lengthened benches,
  Youth from every state I see,
Bending head and hand together,
  Thoughts with labor pure and free.

In comes the grave professor,
  With learning most profound,
And with his piercing eagle eye
  Looks searchingly around.

He spies the timid student
  Upon the far back seat,
"Now tell us what the heart is for,"
  In language most complete.

You know, of course, 'tis Ebersole,
  With fingers long and straight;
But the question knocks the answer
  Right out of your empty pate.

Sometimes Dr. Hawkes,
  With sweet perennial smile,
Quizzes us on Apis
  For more than a little while.

Hoyne, our friend and helper,
  With manners grave but kind,
I'm sure a better teacher
  We ne'er again shall find.

And there is Dr. Reininger,
  On the Organon profound,
Who, when we students make a noise,
  With frightened eyes looks round.

Then Stafford, what shall we say of him?
  We like him for his wit;
He knows his anatomy all right,
  And he'll catch us all on it.

And there is kind Prof. Allen,
  You ought to know, alas,
He is so nice and friendly
  To the sweet girls in our class.

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Prof. Crutcher, we like him, too;
He speaks both plain and slow,
And like a prisoner in his cell,
He paces to and fro.

And Pierson, king of the microscope,
So wise on tissue and cells;
We wonder how we'll learn it all,
But those pleasant hours in the laboratory tells.

Yes, we're students at New Hering,
And we are full of fun;
But we'll all be sober doctors
When the college days are done.

May 13, 1895. JOSEPH H. TRASK, Class '97.

BOOKS.

Transactions of the Antiseptic Club, reported by Albert Abrams, M.D. Illustrated. Published by E. B. Treat, New York city.

The publisher remarks: In the transactions of the Antiseptic Club the thoughtful physician will find much to awaken his curiosity and interest; from the organization of the club, the various papers read and discussed, the testimonials considered, the cases submitted, the hypoderm, and finally the dental clinic at its rooms, all will be found redundant with effervescent exuberance. Charles Lamb says, "A laugh is worth a hundred groans in any market." Here a hundred laughs may be provoked to animate the muscles of mirth, atrophied from the disuse incident to the cares and anxieties of medical practice. Those *in quest* of a *case* find here a needed *repose* in the refreshing outbursts of wit and humor which bubble and sparkle with health-giving cheer as the tale is told: and not a line will be found to be "*extra dry.*"

Laughable from one end to the other, is the verdict of the critic. The various fads of the day are discussed at the club in an exceedingly humorous manner, and even Dr. Peroneus Brevis, the homœopathic member of the club, has his fling at homœopathy.

The author says there are "three degrees of liars—prevaricator, liar, and, superlatively, writer of medical testimonials." Testimonial No. 17 reads, "I have used your fat-reducer until

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now I am almost a skeleton. The students find me very interesting for demonstration purposes in my lectures on osteology."

Physicians afflicted with heart disease should not read chapter VIII, "A dental clinic at the Antiseptic Club," for fear of death from immoderate laughter.

There are many chunks of wisdom mixed in with the floods of humor. The physician who studies "the code does so for the purpose of learning just how far he can carry his professional misconduct without rendering himself culpable." "If disinterestedness were made a requirement for papers read before medical societies how few papers would be read! how interesting they would be!" "Reason restrains imagination from making a fool of its possessor."

The octavo volume is illustrated by pen-and-ink sketches specially designed by Moss, Keeler, and Tiers, printed on disinfected paper, artistically and substantially bound in Antiseptic Dressing, and sold for $1.75.

A regional and Comparative Materia Medica, by John Gilmore Malcolm, M. D., and Oscar Burnham Moss, M. D. Chicago: Malcolm and Moss, pubs. 1895.

One of the few encouraging signs of the times is a renewed interest and activity in the study of the homœopathic materia medica. This is shown by the increased attention given to this chair in our colleges, as well as by the large number of works treating upon the subject that are coming almost daily from the press.

The last new candidate for the attention and patronage of the profession, whose title may be seen at the head of this review, is of an imposing size (919 pages) and appearance. Unlike most new books, it comes unheralded by preliminary announcements, filled with unblushing puffery and flattering reviews, the impartiality of which may justly be doubted. This may be put down to its credit, together with its size, solidity and respectable appearance, for it is a very creditable specimen of book making.

The remedies are not arranged or studied nosonomically, as in Hoyne's and in Lilienthal's Therapeutic and in Jahr's Clinical Guide, but regionally, according to the rubrics of Hahnemann.

This is almost exactly the method taken advantage of in McMichael's Comparative Materia Medica, and is a very excellent

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one, both for study and reference. The work under review has the advantage over McMichael's of convenient size, both for handling and for the library, and also of being complete as to the regions studied.

McMichael's considers only the digestive tract, and hence is limited in its usefulness. On the other hand, some compensation for its atlas-like size may be found in the greater ease with which various remedies can be compared with each other.

The Regional and Comparative Materia Medica is divided into forty-two chapters, each treating of one region of the body, corresponding very nearly with those used in Hering's Guiding Symptoms.

At the end of each chapter there is a brief repertory of the part treated of in that chapter.

From this description it will be seen that it occupies a place midway between pure repertorial works such as Bonninghausen's and Lippe's, and complete materia medicas such as Hering's Guiding Symptoms or Allen's Encyclopedia.

Although the time has been too brief for us to use this work to any great extent in actual practice, we are inclined to think that it will be one of the most useful books in our library. It will probably be sufficient, in itself, for the ordinary run of cases that come to a doctor's office, and will do much of the work for which we now have to use the Guiding Symptoms in connection with a repertory, thus leaving the larger works to be consulted only in complicated and difficult cases.

We grieve to find that the brief inspection we were able thus far to give it, showed some important and characteristic symptoms lacking.

The pronunciatory column of the names of drugs is eccentric and full of mistakes; its omission would have been better for the fair fame of the book. K.

A Manual of the Modern Theory and Technique of Surgical Asepsis, by Carl Beck, M. D., of New York. Philadelphia: W. B. Saunders. 1895. Price, $1.25.

The publication of the American Text-Book of Surgery imposed upon Mr. Saunders a very heavy burden in the form of a great reputation, which has its perils as well as its rewards. The character of the work was so high, its superiority so evi-

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dent, its popularity so universal, that it was properly doubted whether the publisher's future efforts in the surgical field would not detract from, rather than enhance, his reputation. But this doubt has been dispelled.

In issuing the "Saunders' New Aid Series" the publisher has really created a new field, and has filled it with works so eminently scientific and valuable that their standard character is clearly recognized.

Dr. Beck's work belongs to this series, and it is unquestionably the best exposition of its subject that has yet appeared. The text is carefully and charmingly written; the sixty-five illustrations and twelve full-page plates are models of perfect work and leave nothing to be desired. There are 300 pages, divided into 16 divisions, each dealing thoroughly and conclusively with the subject under consideration. Micro-organisms are treated in all their relations, theoretical and practical, in a most complete manner.

The work is so admirably balanced in its theoretical and its practical features that extended praise of the latter is unnecessary. It is sufficient to say that the surgeon will find in its pages every possible detail of his work clearly explained and most amply illustrated.

The following passage leaves no possible doubt as to the absolute soundness of Dr. Beck's position touching the question of asepsis vs. antisepsis (p. 57):

"Asepsis proves to be so far superior to antisepsis that the method to be carried out has ceased to be a matter of choice. It is simply the duty of every surgeon to substitute asepsis for antisepsis, and to utilize the latter only as a part of the aseptic method."

Boiled water is the author's favorite "antiseptic," and his reference to carbolic acid as an agent that has "killed hundreds of patients" is no doubt intended as something more than a gentle hint to those who saturate their patients with poisonous chemical solutions.

It is positively refreshing to follow this brilliant and successful surgeon in his crushing assaults upon the tottering antiseptic citadel. He says: "It has always been the general aim to add so-called 'antiseptic' substances to the gauze, to prevent decom-

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position of the discharges from wounds into the gauze. No chemical substance has been found that acts so powerfully in this direction as dryness. * * * Exposing bacteria to dryness deprives them of moisture, one of the conditions necessary for their life." This is sound teaching, and from an authority whose eminence in bacteriology none can question.

This book is a notable addition to the literature of modern surgery, and its low price places it within the reach of every student. Its title might well be, "The Gospel of Cleanliness."

Much interest will be felt by the public in the return of Rudyard Kipling to India. He has just agreed to furnish a regular contribution to the Cosmopolitan magazine for the coming year, beginning his work upon his return to India. India has never been critically considered by such a pen as Kipling's, and what he will write for the Cosmopolitan will attract the widest attention, both here and in England.

Perhaps the most beautiful series of pictures ever presented of the Rocky mountains will be found in a collection of fourteen original paintings, executed by Thomas Moran for the May Cosmopolitan. To those who have been in the Rockies, this issue of the Cosmopolitan will be a souvenir worthy of preservation. This number contains fifty-two original drawings, by Thomas Moran, Oliver Herford, Dan Beard, H. M. Eaton, F. G. Attwood, F. O. Small, F. Lix, J. H. Dolph, and Rosina Emmett Sherwood, besides six reproductions of famous recent works of art, and forty other interesting illustrations—ninety-eight in all. Though the Cosmopolitan sells for but fifteen cents, probably no magazine in the world will present for May so great a number of illustrations specially designed for its pages by famous illustrators. The fiction in this number is by F. Hopkinson Smith, Gustav Kobbé, W. Clark Russell, Edgar W. Nye, and T. C. Crawford.

The Prevention and Treatment of Ophthalmia Neonatorum, and the Necessity for More Efficient Legislation to Prevent Blindness from this Cause, by Charles H. May, M.D., New York. Reprint from the Med. Record.

Rational Therapeutics of Cholera Infantum, by Gustavus Blech, M. D., St. Louis. Reprint from the New York Medical Journal.

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GOSSIP.

The Rio Chemical Co. of St. Louis have issued a map of the world suitable for hanging in the physician's office.

The more one uses the Standard dictionary the better he likes it. It is a library in itself and is the most complete work of the kind ever published. THE MEDICAL VISITOR has adopted it as its guide in all instances. The English as well as the American newspapers have strongly recommended it to their readers.

The Pan American Congress of Religion and Education is to be held at Toronto, Canada, July 18 to 25. The railway fare will be cut in two for this meeting.

THE SAMARITAN HOSPITAL FOR WOMEN, MONTREAL.—A new hospital for women, with the above name, was opened by Her Excellency, the Countess of Aberdeen, wife of the Governor General of Canada, on the 17th of January, 1895. It is non-sectarian, and supported entirely by voluntary contributions, of which latter enough were handed in during the first month to carry on the work during a whole year. It is the only special hospital for diseases of women in Montreal.

Dr. Aurand was married to Mrs. Knoll, widow of the late Dr. W. F. Knoll, on April 16.

The California State Homœopathic Medical Society held its 19th annual session at Monterey on May 8th and 9th. Over 50 papers were on the program, furnishing a feast that was acceptable to all the members.

In the revision of the lists of physicians this month we were aided by Dr. Price of Baltimore, Dr. Carrich of Georgetown, Ky., A. C. Freetag of New Orleans, Dr. G. H. Anderson, Seneca, Kans., Dr. Sprague of Penobscot, Me., and others.

Dr. Howard Crutcher was elected registrar of the Hering Medical College at the annual meeting. Prof. H. C. Allen is now the president of the board of trustees and Dr. T. S. Hoyne dean of the faculty.

Many of the city physicians have changed their locations since the first of May. You can find them in the Columbus, the Venetian or the Reliance sky-scrapers. These three buildings

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are close neighbors and harbor about 1,000 doctors of all schools of practice.

Dr. C. H. Vilas, dean of the Hahnemann Medical College, contemplates joining the horde of American doctors now in Europe.

The 12th annual meeting of the Texas Homœopathic Medical Association takes place at Fort Worth June 13 and 14. Sixteen papers are promised thus far.

The Southwestern Homœopathic College will hereafter be on an equal footing at the City Hospital with the other medical colleges of the city. So the board of safety has decided, and an order issued to Superintendent Barbour of the City Hospital, to that effect. The order provides that one-fifth of the patients in the City Hospital shall be treated by physicians from the Southwestern Homœopathic School of Medicine.

Dr. C. W. Day sailed for Europe May 11 to be absent several months visiting the hospitals of note.

The Anti-Vaccination News and Sanitarian of New York (19 Broadway) appeared May 1. It is edited by Dr. H. Hitchcock and E. C. Townsend, and is published monthly at 50 cents per year. It is filled with arguments opposed to vaccination.

MEDICAL MEETING.

The eighth semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held in Elkhart May 2, in the Century Club rooms, Dr. W. B. Kreider in the chair; sixteen members present.

A large number of telegrams were read from absent members and friends of the association, expressing regrets at their inability to be present, and extending best wishes for a good session and continued prosperity.

The president's annual address was then read, which was replete with wise suggestions for the cause of similia. After the disposition of some other preliminary business the association adjourned for luncheon.

The following papers were read and fully discussed by all the members present: "Eye injuries," Dr. Kreider; "What are

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symptoms, and how do we use them in prescribing?" by Dr. E. R. McIntyre, Chicago (read by the secretary); "Dissection and vivisection," Dr. Green (read by Dr. Fisher); "Psorinum," by Dr. Shaw; "A new remedy," by Bowen; "Calipha indica," by Dr. Fisher; "Gynecological surgery," by Dr. M. K. Kreider; "Paroxysmal tachycardia," by Dr. Buchtel; "Remedies prescribed in thirteen hundred cases," by Dr. Fisher; "Treatment of catarrh," by Bowen. A poem entitled, "A contribution to the N. I. and S. M. Homœopathic Medical Association," by Dr. T. P. Wilson, Cleveland, Ohio, was read by the secretary. A vote of thanks was extended to the doctor for the clever contribution. Reports of cases, by Dr. Buskirk. Dr. Mateer gave her experience in the practice of medicine in China, which was listened to with marked attention.

The chairman appointed Drs. Mumaw, Fisher, and Thomas a committee on publication to whom the papers read were referred. Chairmen of Bureaux for the next meeting were appointed as follows: Surgery, Dr. Turner; ophthalmology, Dr. Beaumont; materia medica, Dr. Franz; practice, Dr. Shaw; gynecology, Dr. M. K. Kreider; pædology, Dr. Lieb.

Election of officers for the ensuing year resulted as follows: President, Dr. Buchtel; first vice-president, Dr. Thomas; second vice-president, Dr. Buskirk; secretary and treasurer, Dr. Mumaw. Dr. W. A. Whippy was appointed necrologist.

It was unanimously decided to hold the next meeting at Goshen on the second Tuesday of September next.

AMERICAN INSTITUTE OF HOMŒOPATHY—NOTICE EXTRAORDINARY!

Having just been advised that many physicians are hesitating about visiting Newport on account of hotel expenses, I take pleasure in stating that in accordance with Bulletin 2 I am prepared to furnish good rooms with board as low as $8 a week and rooms without board at $2.50 a week. Arrangements can be made to suit any purse, but applicants for such must not expect Ocean House menu. I expect to spend most of my time at that hotel in order to meet the requirements of those who cannot arrange for quarters in advance. GEO. B. PECK, M. D.

Providence, April 27, 1895.

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RECENT DEATHS.

April 8, Dr. H. C. Baker of Kansas City, Mo., in his 49th year.

April 16, Dr. N. J. Nielson, aged 37, of Chicago.

April 17, Dr. Chas Neidhard, aged 85, of Philadelphia, Pa.

AMERICAN INSTITUTE OF HOMŒOPATHY, NEWPORT, R. I., VIA BALTIMORE & OHIO R. R.

Your attention is invited to the facilities offered by the Baltimore & Ohio R. R. for the transportation to Newport, R. I., and return of those desiring to be in attendance at the American Institute of Homœopathy, to convene in that city June 20th to 29th. The Baltimore & Ohio R. R. has authorized a rate of a fare and a third, on the certificate plan, for this occasion. On this basis the rate from Chicago to Newport, R. I., and return, via New York and Fall River Line Steamers, will be $27.70. Tickets will be good for return until July 2d.

A number of the delegates will leave Chicago on Baltimore & Ohio Vestibuled Express Train No. 8, at 10:45 A. M., June 17th, and those who desire to accompany the other delegates en route should reserve sleeping car accommodations on that train. For the benefit of those who will be unable to leave on the above mentioned train, however, tickets will be sold for vestibuled express trains, leaving Chicago at 10:45 A. M. and 3 P. M. June 17th to 22d, inclusive. In order that a sufficient number of Pullman palace sleeping cars may be secured in advance, delegates are requested to advise Mr. W. W. Picking, G. P. A. B. & O. R. R., 193 Clark St., Chicago, the train and date upon which they wish to leave Chicago, and the number of sleeping car berths they will require. A charge of $5.00 will be made for sleeping car accommodations, Chicago to New York, which entitles passengers to occupy a double berth, or, if desired, two persons may occupy the same berth, thus reducing the sleeping car expense to $2.50 each.

All through trains are vestibuled, and equipped with Pullman palace sleeping cars of the latest design. Meals served in the dining cars, on which the cuisine is unexcelled.

Correspondence is invited and any further information will be

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given on application to Mr. L. S. Allen, A. G. P. A. B. & O. R. R., 11 Grand Central Passenger Station, Chicago.

To the Editor of the Medical Visitor:

Please announce in THE VISITOR that the International Hahnemannian Association will meet at Watch Hill, R. I., June 26, 1895. A circular giving full particulars will soon be issued.

HOWARD CRUTCHER,
Secretary.

CLIPPINGS.

ANTISEPTIC VAGINAL DOUCHING AFTER CHILDBIRTH.—Dr. A. H. Wright, of Toronto, speaks strongly against this practice and calls attention to the following facts: Recent reports prove conclusively that the mortality rate may be brought down 5 per cent or less whether douches be used or not. From one of Boxall's papers we learn that the mortality in the London Lying-in Hospital, for five years previous to 1890, was only .418 per cent, the number of patients treated being 1,150. Vaginal douching was done as a routine measure twice a day during the puerperium. During the period referred to by Boxall, when the death rate was .418 per cent, the labors followed by fever from all causes amounted to 40.65 per cent. In a number of maternities on the continent where no douching is done the percentage of febrile complications ranges from 6 to 10 per cent. Leopold has compared the two methods in Dresden with the following results: Of 2,388 deliveries with injections, 17.2 per cent had fever; of 1,136 deliveries with vaginal washings, 20 per cent had fever; of 1,123 deliveries with no injection at all, only 9.7 per cent had fever. In all these cases similar antiseptic precautions were applied to everything which approached the patient, but in the latter series there was no interference with the parturient tract. In comparing the second with the third set of cases it will be seen that in 1,000 cases, 200 had fever after deliveries with injections and vaginal washings; while, in the same number, only 97 had fever when no injections had been employed. If you will admit, for the sake of argument if not absolutely, that Leopold's results show that skillful antiseptic vaginal douching is not only useless but actually dangerous, then I think it follows as a logical conclusion that indiscriminate douching by good, bad and indifferent nurses, such as are placed at our disposal in private midwifery, is dangerous in a still greater degree.—*Pacif. Med. Journ.*

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CHARACTERISTICS OF SEPIA.—Dr. Hesse of Hamburg describes the characteristic sepia constitution as follows: Individuals with dark hair; skin greatly inclined to sweat, especially that of the back, arm-pits, between the mammæ and in the genital region. The patient's face is pale yellow, with dirty, yellowish-brown spots around the mouth and on the forehead, with occasional flushes of heat in the face; inclination to neuralgias, headache, especially in the morning on awakening, and which often disappear after arising. It is frequently associated with nausea and vomiting, or on waking there may be a sensation of heaviness in the head; unrefreshed on awakening.

The headache rarely appears every day, but every eight to fourteen days, and during the attack the patient seeks rest and desires to lie perfectly still, yet an internal restlessness forces her to get up and walk about. She complains of stiffness of the joints on attempting to arise from a chair or bed; she cannot easily get in motion. The warm air of the room is unbearable; warmth and foggy air, north and east winds, sour and fatty foods are intolerable.

During the three to six days preceding the menses, pains in the lower abdomen with aggravation of all the symptoms. Though this drug is indicated in those with dark hair, it will act, if indicated, in blondes. in men as well as women, fat as well as thin persons, and in the old as well as in adults.

The characteristic restlessness is often observed in the office; the patient, if a child, can not be kept still for a minute, and if an adult, in spite of their self-control, they find it difficult to keep themselves still on a chair, they must keep moving. The characteristic gait is hurried, more a running than a walking. Again, all the troubles of sepia are ameliorated by walking, movement, running, dancing, gymnastic exercises, etc. Puls. and Ferrum are ameliorated by slowly walking about. Rhus also can bear no rest, the patient must also keep in motion, yet he will not bear the amount of movement that the sepia patient does. The more and the further the latter runs the better she feels. In the beginning she may complain of various symptoms, as palpitation, stomach disturbance, shortness of breath, or sciatica, but on continued movement these disappear, to reappear with greater severity on resting. Sitting is intolerable, especially sitting bent double, in the stomach and lung symptoms. Dyspnœa and palpitation, both ameliorated by running and dancing, are cured by this drug. Sitting for a long time and listening to others is intolerable; long-lasting dinners, con-

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certs, and theatricals are avoided on account of the hot air and the long sitting. This restlessness is almost pathological, and is nearly choeric; he recommends it in this disease with or without Stramonium. If a sepia patient is forced to keep still they have a leg, an arm, or a hand in motion to relieve their feelings; or, they will pull at their hair, if a child, or keep something in their hands in a twirl. Hence it is frequently indicated in the neurasthenia of our nervous age. The sepia patient falls to sleep with difficulty, awakens unrefreshed, eats hastily, walks hastily. In the hurry of business he does not notice his troublesome symptoms. Emotions affect him severely. Inactivity is abhorrent to him; Sundays are his worst days.—*Allgemeine Homœopathische Zeitung.*

SOME of those writers who are so facetious at the expense of the medical profession, are now talking about the incapability of physicians to prevent or cure the grip. Did it ever occur to them that journalists record crimes but are not able to prevent them, and that lawyers are eternally engaged in litigation? Why do not the journalists and lawyers prevent crime and litigation? Just as well might this be asked as that physicians should prevent epidemics.—*The Post-Grad.*

AN AID TO THE DIAGNOSIS OF VISCERAL CANCER.—Drs. Babes and Stoicesco, of Budapest, have found that the microscopical examination of small, subcutaneous, metastatic tumors may be of considerable value in diagnosing cancer of the internal organs. In one case (Progrès Médicale, February 23, 1895) the generalization of cancer in the skin and subcutaneous cellular tissue, observed during life, constituted an important sign of cancer of the stomach at a point where the diagnosis was almost impossible. In another case of cancer of the uterus, in which the nature of the tumor could not be determined, the examination of a metastatic subcutaneous tumor definitely established the diagnosis —*Univers. Med. Journ.*

ACCIDENTAL SWALLOWING OF A STOMACH-TUBE.—Landström describes such a case (Hygeia, lvii, 2, p. 198), the patient being a seamstress who was performing lavage of the stomach for round ulcer, and who swallowed a portion of the tube, forty-eight centimetres long and eleven centimetres wide, solid and somewhat inelastic. She fainted, and for some days after suffered from severe, bloody vomiting, nausea, and intense pain at the pit of the stomach and in the bowels. She was unable to take any nourishment. Eight days later Landström detected the foreign body, doubled on itself, in the right iliac fossa, im-

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mediately above the center of Poupart's ligament. Laparotomy was performed by Ekehorn, and the tube was found in the ascending colon, the torn end being clearly seen through the intestinal wall. A longitudinal incision of three centimetres was made in the bowel, the tube extracted, and the incision sutured with fine silk threads, two rows being placed through the muscular and serous coats, and another row through the abdominal wall. An aseptic bandage was applied and the patient recovered from the operation without incident.—*Univers. Med. Journ.*

HYPERTROPHIC BILIARY CIRRHOSIS.—Faber observed the case of a man 41 years of age, who, after cleaning a foul drain, was attacked with hypertrophic cirrhosis of the liver. (Hospitals-Tidende, p. 1027, 1894.) The symptoms were fever of the remittent type, loss of force, and pain in the right hypochondriac region. The liver was enlarged and reached five or six centimetres below the costal curvature. After some time the motions became fetid and clayey. The temperature rose during the attacks of fever to 40° C. (104° F.), and fell during the remission to 36° C. (96.8° F.), and once even to 34.9° C. (94.8° F.). Coma ensued, followed by death. At the autopsy the liver, which weighed 2,000 grammes (64 ounces), showed a large new growth of connective tissue and round cells in the vicinity of the portal vein and the gall-channels, while the central veins were quite normal. The cells of the liver were healthy, without fatty degeneration. No micro-organism could be detected in the bile.

The same author reports another case, in a woman 27 years of age, in which the pain and fever were supposed to be caused by gall-stones and treated by cholecystotomy. The gall-bladder contained no secretions, but, after some days, when the bile commenced to flow out of the wound, the fever diminished gradually and the patient recovered. In the bile obtained, with all necessary precaution before the operation, a bacillus was found resembling, in many respects, the bacterium coli commune, but which did not coagulate milk.—*Univers. Med. Journ.*

THE INFINITESIMAL.—The domain of the infinitely minute is a broad one. It was lately stated at a scientific meeting that a single drop of ether thrown on the floor of the laboratory would entirely prevent the success of experiments illustrative of certain electrical phenomena. A pin-hole in the door of a photographer's "developing" room will ruin his freshly taken plates.—T. W. Nunn, in *The New Science Review.*

And the little homœopathic pellet does an immense amount of work in the cure of the sick. The day of small things is not to be despised.

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Anderson, G. H., Seneca
Anderson, Mrs. A. G. H., Seneca
Anderson, S. B., Lawrence
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Armstrong, W. P., Salina
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Ball, Jas. Melvern
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Bass, S. A., Wichita
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Brown, M. J., Salina
Brownell, W. C., Topeka
Bruenggner, C., Clifton
Bryant, S. G., Galesburg
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Butterworth, Alice, Chetopa

Chrystie, D. D., Lyndon
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Colborn, J. M., Kansas City
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Cowan, M. W., Valley Falls
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Diederich, P., Kansas City
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Eddy, V. C., Colby
Edginton, L. L., Canton
Edic, J. J., Leavenworth
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Elliott, L. W., Kansas City
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Goff, Sallie A., Lincoln
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Angell, S. M., 625 Canal

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Bayley, Robt. A., 740 Magazine
Belden, J. G., 132 Canal

David, G. P. P., 128 Jackson

Engelbach, Theo., 828 Canal

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Hincks, E. M., 828 Canal

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Villeneuve, A. B., de., 146 Chartres

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Andrews, M., Waterproof

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Briry, E. E., Bath
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Seymour, D. E., Calais
Shackford, R., Portland
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Stevens. Mary B., Turner
Stevens, O., Oxford
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Vose, E. F., Portland

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Woodbury, B. C., Patten

MARYLAND.

BALTIMORE.

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Barclay, DeLancey H., 220, W. Monument st.
Barnard, James S., 2111 St. Paul st
Bell, Alexander T., 918 North Arlington ave
Benzinger, Joseph C., 128 S. Broadway
Brewer, Marbury, 1106 McCulloh st
Brewster, Cora B., 1027 Madison ave
Brewster, Flora A., 1221 Madison ave
Britton, Edgar B., 1711 E. Baltimore st
Burck, L. A., 517 N. Stricker st

Carter, James M., 1028 Druid Hill ave
Catlin, Barrett C., 1122 N. Mount st
Chandlee, Henry, 1013 Linden ave
Clarke, James C., 1025 Madison av
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Condon, Edward H., 1403 W. Fayette st
Conlyn, Edward S., 935 Madison av

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Fechtig, Robert Y., 951 Madison av
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Flentje, Amelia V., 1108 Orleans st

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Gillian, Edward W., 1538 John st

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Holbrook, Edward H., 714 N. Carey st.
Hood, John, 16 S. Carey st.
Houlton, Samuel S., 400 N. Carey st

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Johnson, W. H., 1615 E. Pratt st.
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Kneass, Robert K., 220 N. Gilmor st
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Mifflin, R. W., 402 Cathedral st
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Morgan, Wm. L., 202 W. Franklin st

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Panebraker, Wm. M., 1126 Pennsylvania ave.
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Price, Elias C., 953 Madison av
Price, Eldridge C., 953 Madison av

Reilly, William F., 412 Park av
Rumsey, Charles L., 917 Park av

Sears, Thos. E., 658 W. Franklin st
Shearer, Thomas, 345 N. Charles st
Shearer, Thos. L., 345 N. Charles st
Shower, Edmund G., 2510 Pennsylvania av
Shower, Geo. T., 421 Roland av. Woodberry (Baltimore)
Shower, John A., 310 N. Paca st

Thomas, Charles H., 10 E. Preston st
Thomas, W. Dulany, 611 N. Carrollton av
Trew, Bartus, 409 W. Saratoga st

Waldran, Donna Ann, 1221 Madison av
Wanstall, Alfred, 921 Cathedral st
Way, Walter R., 1729 W. Lombard st
Webner, H. W., 723 W. Lombard st
Wiener, Morris, 755 W. Fayette st
Wisner, J. Ward, 2111 St. Paul st

Yourex, E. L., 1138 Druid Hill av

Andrews, W. R., Rockville

Brace, Charles H., 18 N. Liberty st Cumberland
Butler, Z. B., Elkton
Byerly, Thomas W., Laurel

Colley, R. K., Sudlersville
Cooper, J. W., Elkton
Cooper, T. H., Chestertown

Dashiell, Robert D., Princess Anne
Dodd, H. L., Chestertown
Downes, Julia V., Chestertown

Garrison, J. S., Easton
Gibson, C. H., Hagerstown
Gill, Gregor W., Upper Fairmount
Goodell, Charles F., Frederick

Hendrix, J. Oliver, Jefferson

Jacobs, W. H., Millington

Karsner, Wm. C., Chesapeake City
Kennedy, W. F., Catonsville

Markel, G. R., Union Bridge
McComas, Wm. G., Frederick
Murray, G. E., Hagerstown

Sharetts, U. A., Frederick
Shearman, J. H., Manchester
Shipley, Daniel F., Westminster
Stauffer, A. P., Hagerstown
Stout, Henry V. S., Templeville
Stultz, Charles A., Silver Run

Troy, W. D., Centreville

Urie, James W., Still Pond

Wareheim, Garapheilia, Hampstead
Weaver, C. W., Taneytown
Weaver, J. F. B., Manchester
Wright, G. H., Forest Glen
Wrigley, J. K., Emmittsburg

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The Medical Visitor.

A MEDICAL NEWSPAPER.

[Entered at the Lansing, Michigan, Postoffice as second-class matter.]

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RHUS TOXICODENDRON AND RHUS RADICANS COMPARED.

F. O. PEASE, M.D., PROFESSOR OF MATERIA MEDICA, HERING MEDICAL COLLEGE.

It is my purpose to indicate by comparison some of the related and opposing elements in these two valuable drugs. From a careful study of the provings of the two, it will be found that the symptoms of each have been almost inextricably confused in the records, and thus mixed in the minds of the student of materia medica. This is owing to the carelessness of the provers, or those having the provings in charge, and also, ignorance of the botanical differences in the two plants.

There are many of our drugs whose pathogeneses have become almost inextricably confused, and symptoms jumbled together, and in consequence our knowledge of the true records, and the therapeutic place for either, is misleading. As examples, I will mention Carbo veg. and Carbo animalis, Argent. met. and Arg. nit., Plumb. met. and Plumb. aceticum, and many of the salts of Mercury; the latter have been more carefully separated of late years, because clinical results demanded more careful use of these salts.

Ignorance of the botanical character of plants, and confusing the symptoms elicited from the different varieties, is frequently the primary cause of the confusion. And, too, even our later bookmakers copy the mistakes of others, and thus make confusion worse confounded, e. g., Dewey, in his late "Essentials of Materia Medica," makes the statement that Rhus radicans is the same as Rhus tox., "being the root of that plant." Jahr, Joslyn, Bayard, and Hemple of the older writers were more careful to

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separate the two, and Dr. J. R. Haynes of Indianapolis, an accomplished botanist, has studied the two, and gives us a fine proving, and in the Advance of May, 1893, has published his proving, along with other Rhus rad. symptoms. If I can encourage an effort on the part of those interested in the truths of our school to more closely compare and differentiate the action of two such important remedies, or any others, I shall feel repaid.

It is by comparisons and carefully differentiating, that the most important element in prescribing is found, for without paying heed to the true individuality of every "simple, single medicinal substance," we cannot scientifically prescribe, and a homœopathic prescription is nothing if not scientific.

I hope to show, from a comparison, the points of difference between these two, and others, which, though closely related as plants, or chemicals, or drugs, as remedies should be known, and separated by their true individual peculiarities, and used in accordance with the law of "similia."

Rhus radicans

May be found from an eighth of an inch in diameter to four or five inches, and when small the bark is brownish, smooth, but when large the bark is dark brown, scaly and corrugated or rough. It may be only a few inches in height or it may climb to the top of the highest trees, or spread out extensively over the rocks. It fastens to its supports by the little radicals in great numbers. It is not a true climber as it may grow by itself to the height of a few feet, branches recumbent. The trunk always grows rather crooked and angular.

It does not put forth its leaves so early as the Rhus tox. The leaflets are from six to eight inches in length, and from one to one and a quarter in breadth, acute, lanceolate, serrated edges, of a dark, shiny green on top, the under sides lighter green and hairy. The petioles on some specimens are a foot or more in length. The flowers appear later than those of Rhus tox. and the berry is much larger, and darker in color, and will remain on the vine until the coldest weather.

Rhus toxicodendron

Is a smaller plant from one inch to twenty feet in height, and from one-sixteenth of an inch to one inch in diameter.

It throws out its radicles in bunches at some distance apart. The bark is dark gray, with oblong spots of a lighter color. The leaflets are from three to five or six inches long, and from one and a half to two inches in breadth, deeply serrated and partially lobed; petioles from four to six inches in length. The leaves are of a lighter green, and less shiny than the Rhus rad. and but slightly hirsute.

Its flowers are polygamous, i. e., male and female on the same plant. The trunk and branches are rather straight and bark smooth. The Rhus radicans is monogamous—male flowers on one plant, female on another. These differentiations are given by Dr. J. R. Haynes, and are based on his careful study of the two plants.

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Both plants or shrubs may grow side by side, and while closely related they are not analogous, and by careful study of their pathogeneses we may learn the distinctive differences, and when observation is carried into the sick rooms, then will the value of discrimination be shown. It is the analogous symptoms of these two drugs (or any others) that should be carefully compared.

Rhus radicans	*Rhus toxicodendron.*
Acts especially on muscles, tendons, skin and mucous membranes, also on brain and nerve tissues. A deeper and longer acting force than Rhus tox; this is shown in the *ulceration.* The ulcer looks as if a clean-cut patch had been taken out *through* the true skin, and the ulcer is obstinate and hard to heal.	Affections of ligaments, tendons, synovial membranes and fibrous tissues. Bones, even to caries and rachitis, scrofulosis and glandular swellings. In arthritic and rheumatic conditions with or without swellings and paralyses.
From left to right and on lower extremities, calves especially, pains often semi lateral in various places, and in remote parts in succession; pains worse *on beginning to move;* relief after moving or continuing to move; pains where tendons join muscles and bones; pains often diagonally or transversely opposite.	Upper left, lower right side: Pains chiefly in the joints and of a cramping character, or pulling, tearing, or sprained sensation: *most violent during rest*, and in the cold season; damp cold and at night, pains often involve the whole joint or several joints.
The *relief from motion* is more pronounced under Rhus rad.	Jahr, Haynes (and my own observation seconds them) give more weight to the aggravation during rest, than to the relief by motion of Rhus rad.
Many conditions are worse from 4 to 7 P. M., especially at 6 P. M., and also the sleeplessness and restlessness *after* midnight, and by change of weather.	Great languor, must lie down; most pains, sleeplessness and conditions are worse *before* midnight.
(The skin symptoms worse under warm, moist or wet conditions, as, when sweaty warm, or after a warm rain, is more especially Rhus vernix.) Rhus rad. also has an aggravation of its restlessness and skin symptoms when warm.	Itching worse in hairy parts, especially about the genitalia, with œdema, and often in the beard. Eruptions itch and burn, no relief from scratching or only while scratching. Redness and swelling of skin, especially in erysipelas.
Cutaneous eruptions more common to this plant, great itching, burning prickling here and there, *made worse by scratching.*	Confluent vesicles, with yellow, watery contents, sometimes milky. Blackish, rapidly-spreading pustules intensely itching and inflamed. Warts on hands and fingers have disappeared or diminished. Hardness and thickening of the skin.
More pronounced vesicular char-	Thick, honey-like crusts, oozing

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acter of eruptions; red tubercular elevated blotches and pimples.

Seems to be more homœopathic to hard moles, warts or tubercules.

and badly smelling. Most of the skin inflammations are worse in cold air.

Swellings and inflammations along lymphatic glands and vessels like a chain.

Glands swollen, hot and painful, suppurating.

Headache more occipital.

Headache in forehead, as of a board pressing.

Imperfect sleep, sleepless at night, worse after midnight, sleepy daytimes and after eating.

Sleepless before midnight, spasmodic yawning, restless, tossing about, cannot stay in bed.

Amorous dreams, emissions in sleep towards morn.

Dreams, laborious, disagreeable, interrupted.

Frightful, anxious dreams of danger.

Snoring, muttering, grasping at flocks.

In fever chills mostly predominate, worse in the back, with weakness in the legs, and aching.

In fever, internal chill and very sensitive to cold or open air, extreme coldness of hands and feet.

Heat and bloatedness in the face with coldness in arms and legs.

Chill, pains, etc., worse in evening and before midnight. Blood seems hot and rushing through the head; in the chill, blood seems cold in the veins, and in fever as if hot blood or water was coursing through the vessels.

Chill, pains, etc., worse more often between 4 and 7 P. M., or in intermittents between 9 and 10 A. M., aggravated by movement, with pains in the bones and legs, worse during the fever.

Type, more often tertian or compound tertian.

Type, more often quotidian or compound quotidian.

Chill and heat worse by uncovering, or in open air, and by drinking.

Some relief by walking in the open air, especially the pains.

In typhoid states, patient of mild temperament, especially in the delirium, never violent, though he may try to get out of bed, or escape.

Has but little thirst, even with the dry mouth, and viscid, tough saliva.

Has more thirst than is generally believed.

Blood thin, but red, and less clotting than with Rhus tox.

Hemorrhages of bright red blood quickly coagulating.

Urine may be frequent, scanty, high colored, or pale with pink sediment.

Urine too frequent, often unconsciously, white sediment.

Stools painless and odorless in many conditions.

Stools often painful.

Complementary to Rhus tox. and Ruta graveolens.

Complementary Kali phos.: Bryonia, Rhus rad. follows well, and will often complete good work done by Rhus tox. Apis inimical.

In *joint* pains and stiffness Kali phos. should be studied along

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with the two. Rhus tox. seems closely allied, especially in the knees and large joints and in pains of the thorax.

Ruta graveolens, an important remedy, comes very close to both Rhus tox. and Rhus rad., and stands between these two and Arnica; it has many of the symptoms of Arnica and Rhus, resembling Rhus rad. more than Arnica in relief from motion, in injuries from sprains and wrenching, as from overlifting. It has more ulceration and bad results to bones and periosteum than has Arnica: the pains are gnawing, burning, relieved by moving, and worse in damp weather: its eruptions are more scabby, not vesicular and its itching is relieved by scratching: while the joints give way and there is more weakness than under either Rhus tox. or Rhus rad.

Both remedies are anti-psoric, and anti-sycotic. The Rhus rad. deeper and more powerfully acting, and the aggravations following its exhibition in sycotic patients often are severe and longlasting. Causes and cures those bluish hardened spots in the skin, especially of legs, that may remain for years.

It is my object, in this as in all my efforts, to aid in eliminating errors from our materia medica, and hence, it will be a favor to the profession and to me, if anyone will correct any mistake or misstatement I may have made, and thus help on the good work, in clearing away the clouds and "make straight" the way of ye Homœopath.

103 State Street, Chicago.

A HOMŒOPATHIC PRESCRIPTION: CLINICAL.

BY HOWARD CRUTCHER, M.D., CHICAGO.

One night in May I was called to the country to see a vigorous man of 32 years, whose appearance indicated that he was on the borderland of dissolution. The pulse was 120, temperature 103°, the tongue furred, the abdomen tympanitic, smooth, and protuberant. The facts are about as follows: For three weeks or more the patient had suffered from "pain in the side;" four days before my call he had been taken with violent cramps in the belly, which became so severe that a physician had to be sent for. The doctor came, made a diagnosis of "neuralgia of the stomach," battened down the hatchways with copious doses

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of Morphine, and went his way. The patient did not improve, however; in fact he grew worse, and Morphine in increased doses was demanded to keep him quiet.

On the fourth day of the severe illness it became plain that the services of a skillful physician were necessary, and one was called. A probable diagnosis was made in a few moments and I was sent for at once. Accompanied by Dr. F. H. Lockwood I reached the patient's house about 8 o'clock in the evening, and found the condition above indicated.

It being impossible in these cases to do anything rational without a correct diagnosis, and the patient's condition precluding the possibility of waiting for the arrival of one of those great prescribers who never lose a case of appendicitis, and who, if he did, would never say anything about it in public, I prepared as quickly as possible for making a diagnosis. Through a tiny incision, barely large enough to admit my long index finger, it was soon found that, for one thing, a diagnosis was impossible without a longer opening, which was made at once. Adhesions were almost universal. Beneath the deep epigastric artery and encircling the spermatic cord was a mass of hardened omentum, which contained the shattered remnants of a detached appendix vermiformis. A double handful of gangrenous omentum was ligated in small sections and cut away. On account of dense adhesions and the absence of a fecal fistula, the cæcum was not released but walled off with gauze. Abundant drainage was instituted. Strips of gauze were carried sufficiently deep to afford a perfect outlet and the upper part of the wound closed with silkworm gut stitches. The odor from the abscess pocket was intensely disgusting, and general infection of the peritoneum had undoubtedly taken place days before the operation. The omentum, it was plain, had made a tremendous effort to stem the tide, but in vain, for peritonitis was in full blast.

The first twenty-four hours after the operation was marked by decided improvement—due, probably, to the tremendous sero-purulent discharge from the wound. The confined fluids and gases found a ready outlet and improvement followed as a matter of course. The patient recovered rapidly.

Some time ago I laid down a set of elaborate rules for the guidance of myself and others in the management of appendi-

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citis. The experiences of 1895 have led me to cast aside most of my old rules and cling to the one that has so far *never* failed me. I refer to the one which says, "When in doubt, operate," and I am always in doubt. There is the smallest possible danger in making a tiny cut into the abdomen. It is utterly silly to dread wounding the peritoneum, which, of all tissues, heals before our finest catgut can absorb. I know personally of where union in this membrane was strong enough to resist considerable pressure within *seven* hours. But it is the interior that needs to be feared. Pus is one thing that destroys peritoneal functions. In its mad effort to confine pus and prevent the spread of infection the peritoneum draws and twists anatomy into the most dangerous and intricate pathology.

A year ago a well-known and highly-respected practitioner predicted that "within a year this fad of appendicitis will be ended." It may seem remarkable that a man engaged in the healing art and supposedly acquainted with the sciences of physiology and pathology should go on record with such a statement. It will be remembered that the vermiform appendix is a blind tube with a peritoneal covering, that, when occluded by inflammation, it has no possible *drainage outlet*, and that peritoneal infection is almost certain to follow perforation of the serous coat of the appendix. Of course it sometimes happens that an abscess bursts into the intestine (I have had such cases), or that pus will find an outlet through the pelvis, or perhaps (though rarely) through the abdominal wall; but these fortunate accidents are not to be claimed as triumphs for the arts of medicine and surgery. That nature overcomes all obstacles and does in the end what no sane mind has a right to expect, does not prove anything save that there are possible exceptions to all rules. There is on record a case of strangulated hernia where the contents of the sac sloughed through the abdominal wall, leaving a fecal fistula which a quack promptly healed by applying a certain caustic plaster! And this is the correct treatment for hernia, simply because such a happy result followed in the case just given.

It is really astonishing that men of maturity will actually compare appendicitis with pneumonia or dysentery. A rational comparison is with strangulated hernia, where drainage is ob-

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literated and where death to the part means death to the patient because of systemic infection—sepsis. An abscess on the back, or the thigh is much safer than one in the abdomen or in the pleural cavity, because the products of tissue death can be much more easily disposed of in the former cases. *Drainage*, then, is the one point around which the question of appendicitis revolves. It is more dangerous than dysentery, because the waste products of dysentery pass freely away, whereas this treacherous blind tube is liable to strangle itself to death a long distance from a safe burying ground.

In section 186 of Samuel Hahnemann's *Organon* we are admonished to open "the cavity of the abdomen, either to remove a substance that is burdensome to the system, or to give vent to effusions and collections of liquids," and few who are acquainted with Hahnemann's almost superhuman insight into disease will question the wisdom of his advice. My judgment is—and I am aware that this is sacred ground—that Hahnemann would undoubtedly urge the *prevention* of "effusions and collections of liquids," such as pus, by the early removal of such "burdensome" mischief-makers as the vermiform appendix. The "early operation," therefore, is eminently homœopathic, and in cases where a numskull or a desperado would leave his patient to chance, the thing for an honest surgeon to do is to open the abdomen and prevent those complications with which we are too well acquainted. In this case the knife is the indicated remedy.

103 State Street. June, 1895.

CARBO ANIMALIS.

W. S. CRADDOCK, M.D.

In a recent number of THE VISITOR I took occasion to correct a most egregious blunder concerning Nux Moschata, made by Dr. J. T. Kent, a professor of materia medica. At the same time I called attention to the patent fact that no man was justified in giving instruction to students upon any subject unless he was well informed upon that subject.

I desire to now call attention to another similar blunder in regard to the sources of our materia medica, made by another pro-

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fessor on that subject, Dr. F. O. Pease. The last number of THE VISITOR of whose instructive and entertaining pages I am a constant reader, contained an article by Dr Pease on carbo animalis, in which he gave charred bone as the synonym therefor.

This is a very common mistake among both the laity and the profession, but that does not condone it in a professor of materia medica.

Carbo animalis of the homœopathic materia medica refers only to the preparation made by charring ox-hide to a crisp; a piece of ox leather or hide is placed among red hot coals and allowed to burn until the last flame has expired, then the red hot piece of leather is quickly placed between two stone plates, so as to extinguish it immediately. A grain of this, triturated with 100 grains of milk sugar in a porcelain mortar for an hour, makes the first centesimal.

This preparation contains a very minute proportion, if any, of the phosphate of lime.

The very frequent mistake of supposing that our animal charcoal is made from bones, arises from the fact that it is confounded with the old school preparation of the same name.

Carbo animalis of the old school *is* charred or burnt bone and *does* contain a large proportion of both the phosphate and carbonate of lime. In fact, for some delicate chemical manipulations, it has to be purified from these salts by digesting it in diluted hydrochloric acid, and by subsequent washing with water to remove the acid and dissolved lime.

Carbo animalis of Hahnemann was at one time much esteemed and frequently used, but has of late years fallen into comparative disuse. May it not be that the disappointment and dissatisfaction which it seems to have caused, arise from the fact that the proving was made from one preparation, and the medicine given from another?

MATERIA MEDICA NOTES.

Now is the time to look up remedies for the diarrhœas of children.

Aethusa—Vomiting of milk in thick curds by teething children. Stools watery, yellowish or greenish.

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Calc. carb—Teething children, with sour vomiting and whitish, chalky, sour stools. Profuse sweat about the head when sleeping.

Silicea—Also for teething children with colic, distension of the abdomen, and shiny, frothy, or bloody stools, vomiting after nursing.

Podophyl.—Prolapsus ani during stools which are watery or dark yellow, painless and very exhausting. Child rolls the head from side to side.

Ipecac.—Stools as green as grass, mucous, with constant nausea and vomiting of greenish mucus.

Chamomilla—Child very restless, wants to be carried all the time. Stools green, watery and corroding with much colic. Vomiting of sour or slimy matter.

Mercurius sol.—Straining with the stools which are green, slimy or bloody. The abdomen is very tender to pressure. Moist tongue with great thirst.

Arsen.—Drinks often and little at a time. Very offensive, dark, watery stools, with great restlessness and prostration. Vomiting after drinking.

Croton tig.—Very forcible expulsion of dark green or yellowish green stools, followed by great exhaustion. Much nausea and vomiting of mucus and bile.

Phosphorus has a somewhat similar stool pouring out as from a hydrant, but the color is white instead of green or yellow. Great emaciation, with sunken eyes surrounded by blue margins.

Pulsatilla.—Stools are very changeable; no two are alike. Entire absence of thirst.

Verat. alb.—Painless, greenish stools of a watery character, great thirst for cold water, cold sweat on the forehead, cramps in the limbs.

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DROSERA—SUN DEW.*

Drosera has been known to act from 14 to 21 days.

Its chief sphere is seen in relation to thoracic affections; to the skin, to intermittent fever, and to epilepsy, it would seem to be in decreasing ratio in the order named.

The symptoms outside of these spheres seem to be sympathetic only.

In its chest affections we find a spasmodically recurring cough at long or short intervals, the long intervals extending over two or three hours, and the short intervals decreasing until the cough becomes almost incessant. The cough is barking, or mute, and does not permit the recovery of breath. It is excited by a sensation in the larnyx as of soft feathers, and has a morning expectoration of yellow, bitter sputa, that the patient *must swallow*. The cough is < on first lying down, or after midnight, and is followed by great exhaustion, vomiting and perspiration. The perspiration during cough may be cold on the forehead, or profuse over the entire body. The expectoration may be offensive and pus-like, or bloody, and with the bruised and aching sensations near the apex of the lung, the stitches on coughing and taking a deep breath, point out its usefulness in phthisis and the deeper catarrhal affections.

In whooping cough, its peculiar periodicity, its > from pressing the hands on the stomach, or hypochondria, the hemorrhage from nose, mouth and stomach, the attendant congestions are too well known to discuss. Cough < warmth; drinking; singing; laughing; weeping: lying down; rest after midnight > motion.

Its symptoms of the skin seem to be only such as would indicate its use in measles, with the characteristic cough, or in the possible ulcerations in the last stages of phthisis, with the peculiar cough.

The intermittent fevers are such as might occur during an epidemic of whooping cough; may be tertian or quotidian. The chill predominates. With a cough during sweat and apyrexia, predominating in the latter.

* A study by the Materia Medica Club, of Syracuse, N. Y., reported by Rudolf C. Kaiser.

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Bread tastes bitter.

The symptoms of hæmatemesis following epilepsy, seems to be a very important one, but could neither trace it to its proving nor clinical verification. Might it not possibly have originated in a whooping cough?

The symptoms of mental distress, *i. e.*, fear of ghosts, of being alone; obstinacy; besides oneself with anger would show, that at times the heart is affected, although *Drosera* is not accredited with heart symptoms.

To sum up: Its usefulness in thoracic affections is bounded by the peculiarities of its cough, as are those also of the skin, and the intermittent fevers, the exception seems to lie in its epileptic attacks.

CASE 1. A persistent, spasmodic cough, worse at night, and worse lying down, was cured with *Drosera*.

CASE 2. Mr. F. V. complained of a cough without much sound (mute), from taking cold. The catarrh commenced in nose, then went to chest; breath very short. Yellow expectoration with cough. *Drosera*^{cm} Swan, 3 times a day; better the second dose; quite well at evening.

Cough <table; morning, forenoon, evening, in bed at night, in bed mainly.

CASE 3.—A cough had been running for five months; many medicines had been tried by a homœopath (?) with no result. The following symptoms led to the selection of *Drosera* and a cure.

Expectoration of yellow mucus.

Coughs occur in paroxysms, about three hours apart, lasting an hour.

CASE 4.—*Drosera*^{m} one dose quickly cured, in a fleshy body, pain in ankle on bending foot, especially in going up and down stairs.

CASE 5.—Cough with vomiting, of food first, later at the end of the attack, of mucus. Cough coming on at 2 p. m., so violent that it seems as if the patient must suffocate when coughing, vomiting of food, or if stomach be empty, of mucus, of filaments, worse from heat of bed; pain in chest when coughing. —*Med. Advance.*

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BOOKS.

Gout and its Cure, by J. Compton Burnett, M. D., Philadelphia. Boericke & Tafel. 1895. Price 90c.

Lord Palmerston or somebody else once wished he could be as cock-sure of anything as Lord Macaulay was of everything, and so does the reviewer wish from the bottom of his heart that he could be as cock-sure of anything therapeutically as Dr. Burnett is of everything he writes about.

This, like all of Burnett's monographs is erratic, illy arranged, flighty, and brilliant. It resembles one of those fireworks which the boys call chasers; the aforesaid firework, on being lighted, sputters and hisses, flies through the air, with every imaginable eccentricity of course, leaving behind it a shower of sparks and a most irregular trail of light.

The author studies Paracelsus and Rademacher with as much or more devoutness than he does Hahnemann, and abounds in new and unheard-of and unproved medicines.

On these pages we come across physalis, alkekengi, phenacoll, hydrochloride, spiritus glandium, quercus, diplotaxis, tennifolia, solidago virga, aurea, and other esoteric remedies, that drive an ordinary doctor to his school botany to find out what they are.

The doctor's books, however, are always readable, and suggestive, and abound in useful hints in therapeutics. K.

Homœopathic League Tract No. 54. Summary of the League's work.

"With this tract the series issued by the Homœopathic League comes to an end. The objects the League had in view have been fully accomplished, and the need for any further publication, for the present at least, no longer exists. It may be that at some future time there may be a necessity for a renewed appeal to the public on the subject of homœopathy, but the conditions must be other than they now are. For the actual wants and requirements of the homœopathic propaganda, the tracts we have issued, forming three volumes, will suffice."

Laminectomy for Paraplegia from Pott's Disease; Tenotomy of Contractured Hamstring Tendons of Both Legs; Amputation at the Hip-Joint; Appendicitis; Stone in the Bladder;

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Suprapubic Lithotomy. By F. C. Schaefer, M.D., ex-professor of anatomy, Chicago Medical College; professor of clinical surgery in the Northwestern University Medical School (Chicago Medical College); professor of surgery in the Woman's Medical College; surgeon to Wesley Hospital, Chicago.

The Diseases of Personality, by Th. Ribot. Second revised edition. Chicago. The Open Court Publishing Co. Price, cloth, 75c., paper, 25c.

This obscure but interesting subject is discussed from the strictly materialistic standpoint of science. It considers states of hypochondria, melancholia, double consciousness, double monsters, twins and the insane, to the great delight, no doubt, of those who are students of these subjects. It gives no encouragement, however, to those who believe that mind is above or within matter, or to those who believe in Divine Providence, the eternal life of the soul and the existence and imminent presence of an omnipotent God. K.

The Work of the Medical Examiner. Read at the banquet of the Boston Life Underwriters' Association, in Boston, December 18, 1894. By J. O. Marble, A.M., M.D., of Worcester, medical examiner for the Penn Mutual, the Massachusetts Mutual, the Mutual Benefit of New Jersey, the Northwestern of Milwaukee, etc., etc. Reprint from the Medical Examiner.

Syllabus of Eclectic Materia Medica and Therapeutics, by Fred. J. Locke, M. D., edited with pharmacological additions by Harvey W. Felter, M. D , with notes on specific medicine by John Uri Lloyd. Cincinnati. John M. Scudder's Sons. 1895.

A book of 461 pages, full of solid information, edited and compiled with great learning and accuracy by men who were thoroughly posted upon the subject on which they write. K.

Some Impressions of Gynecology in Europe, by Hunter Robb, M.D., professor of gynecology, Western Reserve University. Reprint from Western Reserve Medical Journal.

Camphor-Menthol; a Supplementary Report. By Seth Scott Bishop, M.D., surgeon to the Illinois Charitable Eye and Ear Infirmary. Reprint from the *Journ. of the Amer. Med. Asso.*

Aseptic Prophylaxis of Asiatic Cholera: Arsenization. By

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Reginald Barkley Leach, M.D., Mem. American Public Health Association.

Wheelbarrow on the Labor Question. Chicago. The Open Court Publishing Company. 1895. Price 35c.

This is one of the Religion of Science series, and is a multitudinous collection of short essays on various questions of political and economical interest.

Circular No. 4. Sanitary Climatology. Information relative to the investigation of the influence of climate on health.

Homœopathic League Tracts. No. 53. Historical Sketch of the London Homœopathic Hospital.

Improved Double Retractors. By Seth Scott Bishop, M.D. Reprint from *The Chicago Med. Record.*

GOSSIP.

Dr. Hubert J. Stratеn, of Hering Medical College, was married to Miss Elizabeth M. Hubertus at Danville, N. Y., on June 11th. Congratulations.

Nearly all the members of the International Hahnemannian Association resident in Chicago will attend the meeting at Watch Hill, R. I., on June 25.

Dr. A. L. Fisher of Elkhart says we quoted him wrongly in last number. He wrote about Acalypha Indica, not about Calypha Indica.

Dr Chas. H. Taft, formerly professor of dental surgery in the Hering Medical College, was married May 27 at Brooklyn to Miss Emily Hinkley. The doctor is now located at Cambridge, Mass.

The Children's Homœopathic Hospital of Philadelphia has just elected three new resident physicians for the ensuing year, Dr. Herman A. Newbold, chief, Dr. H. C. Hunsicker and Dr. Frank Traganza, associates. Last year there were 22,997 applicants for relief at the various special clinics in the out-patient department and the resident physicians made 3,263 visits.

One hundred and eighty-four children were treated in the main wards. The institution recently received a legacy of $15,-

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000 from the late Walter Garrett, a patient of Dr. Bushrod W. James and of Dr. M. D. Youngman when residing at Atlantic City. Mr. Garrett also left a legacy of $50,000 to the Hahnemann Hospital of Philadelphia.

Our friends in Louisville have started a monthly periodical called "Homœopathic Guide." It is a neat appearing paper filled with good things for the laity. A little advertising in the south cannot fail to be beneficial.

Dr. C. J. Swan of Chicago was married to Miss Elizabeth Washburn June 12.

STATE ASSOCIATIONS.

IOWA.

The Hahnemann Medical Association of Iowa closed its state convention at Iowa City May 22. The next meeting will be held at Des Moines in 1896. The following officers were elected: President, Dr. P. E. Triem, Manchester; vice-president, Dr, A. S. Hanson, Cedar Falls; secretary Dr. T. L. Hazard, Iowa City; treasurer, Dr. George Royal, Des Moines.

ILLINOIS.

President, J. J. Thompson; vice-presidents, N. P. Smith and Julia Holmes Smith; treasurer, F. E. Downey; secretary, W. A. Dunn; provisional secretary, W. W. Staffard.

CALIFORNIA.

President, C. B. Currier of San Francisco; first vice-president, H. M. Bishop of Los Angeles; second vice-president, Florence N. Saltonstall of San Francisco; secretary, Eleanor F. Martin of San Francisco; treasurer, C. L. Tisdale of Alameda; board of examiners, C L. Tisdale, Sidney Worth, A. C. Peterson, George Jenks, James E. Lilienthal; alternates, Guy E. Manning and George Palmer of San Francisco.

The Wisconsin State Homœopathic Medical Society finished its annual session June 6. Milwaukee was chosen as the next

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meeting place and officers were elected as follows: President, Harvey Dale, Oshkosh; first vice-president, M. L. Huntington, Darlington; second vice-president, M. L. Ewing, Evansville; recording secretary, Dr. Joseph Lewis, Milwaukee; corresponding secretary, Dr. A. R. F. Grob, Milwaukee; treasurer, Dr. E. W. Beebe, Milwaukee.

AMERICAN MEDICAL PUBLISHERS.

This association held its second annual meeting at the Eutaw house on the 6th and 7th of May, with the following in attendance:

Dr. J. C. Culbertson, Cincinnati, Ohio; Miss Dora Jones, St. Louis, Mo.; Dr. John C. Le Grand, Anniston, Alabama; Dr. C. F. Taylor, William B. Saunders, Philadelphia, Pa.; Miss Hackedorn, Toledo, Ohio; Dr. F. E. Stewart, Detroit, Mich.; J. MacDonald, Jr., Irving J. Benjamin, Dr. Ferdinand King, Dr. H. P. Fairchild, New York City; Dr. R. W. Lowe, Bridgeport, Conn.; Dr. W. C. Wile, Danbury, Conn.; Dr. H. M. Simmons, Dr. William B. Canfield, Baltimore, Md.; H. A. Mathie, Dr. A. H. Ohman-Dumesnil, Dr. I. N. Love, St. Louis, Mo.; Dr. Landon B. Edwards, Richmond, Va.; Dr. Hudson, Austin, Texas; Dr. William F. Bartlett, Philadelphia; Dr. T. D. Crothers, Hartford, Conn.; Dr. Gilbert I. Cullen, Cincinnati, Ohio; Dr. Henry S. Upson, Cleveland, Ohio; Dr. E. E. Holt, Portland, Maine; J. M. Grosvenor, Jr., Boston; Charles Wood Fassett, St. Joseph, Mo.

Nineteen new members were admitted and questions of the day affecting medical publishers were profitably discussed.

Beginning with July 1st, a monthly bulletin will be issued for the benefit of members of the association. It is to be edited by Drs. P. H. Fairchild, J. MacDonald, Jr., and Ferdinand King, New York City; Dr. J. C. Le Grand of Anniston, Alabama, and Charles Wood Fassett of St. Joseph, Mo.

The secretary was authorized to issue in pocket form, a revised list of medical advertisers.

Upon invitation, the association banqueted with the medical editors, on Monday evening.

The officers re-elected were as follows: President, Dr. Landon B. Edwards of Richmond, Va.; vice president, Dr. H. C. Culbertson, Cincinnati, Ohio; treasurer, J. MacDonald, Jr., New York City; secretary, Charles Wood Fassett, St. Louis, Mo. Dr. J. C. LeGrand and Irving J. Benjamin were elected on the executive board.

RECENT DEATHS.

May 13, Dr. David L. Starr, Sr., aged 83 of Bellevue, Pa.

May 23, Dr. J. R. Flowers, aged 59 of Columbus, O.

March 17, Dr. J. B. Botsford of Grand Rapids, Mich.

March 29, Dr. O. F. Hill of Epworth, Iowa.

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AMERICAN INSTITUTE OF HOMŒOPATHY, NEWPORT, R. I., VIA BALTIMORE & OHIO R. R.—Your attention is invited to to the facilities offered by the Baltimore & Ohio R. R. for the transportation to Newport, R. I., and return of those desiring to be in attendance at the American Institute of Homœopathy, to convene in that city June 20th to 29th. The Baltimore & Ohio R. R. has authorized a rate of a fare and a third, on the certificate plan, for this occasion. On this basis the rate from Chicago to Newport, R. I., and return, via New York and Fall River Line Steamers, will be $27.70. Tickets will be good for return until July 2d.

A number of the delegates will leave Chicago on Baltimore & Ohio Vestibuled Express Train No. 8, at 10:45 A. M., June 17th, and those who desire to accompany the other delegates en route should reserve sleeping car accommodations on that train. For the benefit of those who will be unable to leave on the above mentioned train, however, tickets will be sold for vestibuled express trains, leaving Chicago at 10:45 A. M. and 3 P. M. June 17th to 22d, inclusive. In order that a sufficient number of Pullman palace sleeping cars may be secured in advance, delegates are requested to advise Mr. W. W. Picking, G. P. A. B. & O. R. R., 193 Clark St., Chicago, the train and date upon which they wish to leave Chicago, and the number of sleeping car berths they will require. A charge of $5.00 will be made for sleeping car accommodations, Chicago to New York, which entitles passengers to occupy a double berth, or, if desired, two persons may occupy the same berth, thus reducing the sleeping car expense to $2.50 each.

All through trains are vestibuled, and equipped with Pullman palace sleeping cars of the latest design. Meals served in the dining cars, on which the cuisine is unexcelled.

Correspondence is invited and any further information will be given on application to Mr. L. S. Allen, A. G. P. A., B. & O. R. R., 11 Grand Central Passenger Station, Chicago.

CLIPPINGS.

WHEN MAY GONORRHŒICS MARRY?—Lowenhardt (*Jour. des Connaissances Medicales*) gives rules for the guidance of physicians consulted by blenorrhagics to gain consent to marry. As the virulence of the urethral secretion depends upon the presence of gonococci, the candidate for marriage should be subjected to repeated bacteriological examinations, carried out separately on the secretion of the anterior and of the posterior

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urethra. A slight secretion is not sufficient for this purposes but the urethral mucosa must be irritated in such a manner a, to place it in analogous condition (excess in baccho et venere) to those which light up an indolent case. The best means to obtain this result is to inject a few drops of a 1–5 per cent. solution of silver nitrate. If then the secretion contains no gonococci, but is strictly made up of spithelial cells, marriage can be permitted. The presence of numerous pus corpuscles necessitates renewed examinations and treatment of this pseudo-gonorrhœa. Lowenhardt insists upon the fact that the gonococcus is alone responsible for the virulence of the exudate and the serious results that follow inoculation with it in the genital apparatus of women.

This is a question of great moment and should receive very careful attention. I do not think that marriage should be allowed as long as there is any urethral discharge whatever, or as long as clap-flocks appear in the urine. The gonococci are perfectly capable of burrowing into the urethral gland and lacunæ and remaining there indefinitely, being always a source of danger and menace.

I do not believe with Lawson Tait that gonorrhœa is never cured nor with Noeggerath as to the frequency of gonorrhœa in women, because clinical experience does not coincide with their views; but it is undoubtedly the fact that chronic gononcoccus-bearing urethritis is extremely stubborn and persistent and difficult to cure, and is capable of being transmitted to women and causing most serious complications long after an apparent cure.—*Va. Med. Month.*

"WELL! antiseptics are as dead as Cæsar's wife. This wonderfully seductive germ theory is being slowly but surely undermined by our latest investigators. The ubiquitous microbes, like the poor, we are now told, are always with us and in us, and all quite harmless.

"Antiseptics, so-called, have been proven to be quite inert on living tissues except when employed of such strength as to simultaneously devitalize living protoplasm, produce a superficial tissue-necrosis or severe irritation. They have gone; and here we have 'asepsis,' another name for 'cleanliness'"—*Medical Times Register.*

MEDICAL MEN AND TEMPERANCE.—There is, in all probability, no class of men who are thrown into closer everyday contact with the evils of intemperance than members of the medical profession. In the course of hospital and private practice they have before them constant object lessons of the havoc

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played in all ranks of society by the demon drink. It is not a little curious, in view of these facts, that their education as to the effects of alcohol upon the human system is not aided by specialized study in their student days. The "Medical Press," says that a dozen lectures on the subject in the course of each session would suffice to cover most of the ground, and the medical practitioner would then go out into the world with his eyes open to some of the conditions which he will have to encounter in actual practice. Speaking broadly, most medical men advocate temperance, but only comparatively few are strenuous supporters of total abstinence. There can be no doubt that a great responsibility rests with the profession in the matter of alcohol. Wine or spirit forms a pleasant and convenient stimulant in many morbid states, but a patient is apt to continue their use long after the occasion has passed away. Then, again, much alcohol is administered in the medicine itself. Supposing a mixture to contain two or three drachms of various tinctures, then the doctor is actually dosing his patient with spirits and water, of a strength almost equal to that of ordinary grog. Without advocating extreme views, we venture to assert that the profession generally is not sufficiently alive to its grave responsibilities in the direct or indirect prescribing of alcohol. —*Family Doctor.*

SUBCUTANEOUS EMPHYSEMA IN LABOR.—A. Ulrik describes a case of subcutaneous emphysema in a healthy primipara 28 years of age. (Ugeskrift for Läger, p. 121, 1895.) The woman had been in labor ten hours and one child was already born, when, the pains having recommenced, the midwife advised the patient to make a strong effort to complete the delivery. Suddenly the face and neck of the woman became swollen and the pains ceased completely. A surgeon was sent for and delivered a second child with the forceps. The face of the patient was then so swollen that the eyes could hardly be opened, the swelling reaching to the hair and downward over the neck to the breast and back, ending at the angle of the scapula. A marked crepitation was everywhere felt by the finger, thus rendering positive the diagnosis of subcutaneous emphysema. The voice was hoarse and there were pain and difficulty in swallowing, but nothing abnormal could be detected in the lungs. The explanation of the condition was probably that the tissue of the lungs had given way in the vicinity of the hilus, and the air had made its way from there to the neck and head. The patient recovered completely in fourteen days.—*Univers. Med. Journ.*

THE DAMAGE SUIT.—From a well-known medico-legal work we find the following rules have been thoroughly established:

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1. A physician or surgeon, without a special contract for that purpose, is never considered as warranting a cure.

2. His contract, as implied in law is: *a.* He must possess a reasonable degree of learning, skill and experience, which is ordinarily possessed by others around him, in his profession; *b.* That he will use reasonable and ordinary care and diligence in the treatment of the case committed to him; *c.* That he will use his best judgment in all cases of doubt as to the best course of treatment.

3. He is not responsible for want of success, unless it is proved to result from want of ordinary skill, or from want of ordinary care and attention.

4. He is not presumed to engage for extraordinary skill, or for extraordinary care and attention.

5. He is not responsible for errors of judgment, or mere mistakes in matters of doubt and uncertainty.—*South. Pract.*

A RARE CASE OF STUPOR, WITH FORCED FEEDING FOR NINE YEARS.—Gadelius had an interesting case under his care,—that of a tailor, aged 32 years (*Hygeia*, lvi, No. 10, p. 355), an assiduous workman, slow, taciturn, but amenable to reason. Insanity of persecution developed, the prominent symptoms being anxiety and insomnia, with neglect of his person and refusal to take food. When spoken to he invariably answered, in an undertone, "Fine weather, to-day," and later on, "I do not know," Forced feeding was carried on uninterruptedly, from April 24, 1883, to February 12, 1892, the body-weight increasing during this period from 46 to 73 kilogrammes (101 to 160 pounds). From April, 1883, to May, 1886, he remained in a condition of complete stupor and anæsthesia. The author considers the prodromic delirium as a quasi-paranoiac psychosis in a degenerate subject, and regards the case as a psychosis of exhaustion, being practically a condition of syncope from beginning to end. On awakening from the stupor the patient had lost most of his former knowledge of things and places, but soon recovered it.—*Univer. Med. Journ.*

ANTITOXIN—A REACTION.—In "Progress"—December issue 1894, and January issue 1895—we took occasion to sound a note of warning regarding the enthusiasm then being manifested over the use of antitoxin in diphtheria. Our object was to prevent the humiliation and depression which were almost sure to follow the extravagant claims made for a remedy about which so little was known and such inconsistent and conflicting reports were being made. Said reports were a unit in only one particular, namely, that all cases in which antitoxin was used recovered

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as if some good fairy had waved a magic wand over the patient. The discrepancies in the dosage were simply shocking. No physiological or therapeutic effects were recorded. The membrane just dropped off and the patient got well. In our plea for the exercising of more care in the expression of our opinion, we suggested that the most of the cases in which antitoxin was not being used were also recovering. But in the mad haste of the profession we were brushed aside. Our voice was not audible above the shouts of those loud in the praises of antitoxin. They had not yet been taught, so that they could not forget, that the greatest disappointments in progressive medicine within the last decade had originated in Germany and France.

What is the consequence of this silly haste to adopt and indorse a new and unknown remedy? It is simply that the medical profession has to bear the brunt of the reaction and suffer a loss of confidence usually reposed in us by the laity and other professions.

The medical profession has made wonderful strides in advancement during the last ten years, but the mistakes of Brown-Sequard, Koch, and possibly the discoverers of antitoxin, into which the profession has fallen, have almost obliterated the good work, in the eyes of the world, and one or two more occurrences of this kind will make us the laughing stock of creation.

Antitoxin *may* yet prove its usefulness. It *may* be the best known remedy for diphtheria. But how can we afford to indorse it until we know and can prove why such is true?

Just at present adverse reports are so rapid "that one upon another's heels doth tread so fast they follow."

We do not care to make too much out of the Bertha Valentine case. That is possibly another extreme. But numerous other cases are attracting our attention, in which there have been not only no good effects, but conditions that are injurious resulting.

Dr. Jos. E. Winters, after a daily clinical observation in the Willard Parker Hospital of one hundred and fifty-four cases, concludes that he "has failed to see the slightest evidence of its having done good in a single instance." He further says that "horse serum dissolves the human blood corpuscles," and thereby produces new elements of decomposition. Post-Assistant Surgeon Cordeiro, of the United States navy, says: "As yet we

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have not the slightest basis on which to found an expectation that fewer children will die in the future of this disease on account of the serum treatment."

Hausmann, an assistant of Virchow, in reporting several hundred cases which he has had under observation in which the serum has been used, says that not only have they failed to get evidence of good from this treatment, but that it has, in a large number of cases, done absolute harm. The above men have conducted these observations with coolness and deliberation and without prejudice, and their opinions are worthy of consideration.

At least, we are in a stronger position to reiterate our plea of several months ago: "Let us be careful."—*Medical Progress.*

URINATION AFTER LABOR.—Dr. N. Recht (Rev. Internationale de Bibliog. Med.) in a thesis has made a study of micturition in the lying-in period. He comes to the following conclusions:

1. Urination after labor, in the majority of cases, follows spontaneously.

2. Catheterization is but exceptionally required; if it be necessary, it should be deferred as long as possible.

3. It is only indicated when bladder assumes abnormal proportions, or if retention occurs.

4. Catheterization is liable to occasion two evils—cystitis, in spite of all precautions, and dependence of the bladder for a time upon the catheter.

COCAINE TO SUPPRESS THE SECRETION OF MILK.—Joire (Le Bulletin Medical, No. 36, 1894) makes the statement that the lacteal secretion may easily be suppressed, in those cases where it is desirable, by the local application of 5 per cent. solution of cocaine in equal parts of glycerine and water.

The application should be made by means of a camel's hair brush. Suppression of the secretion will follow in two to six days. There have been no untoward results observed.—*Ex.*

A SUGGESTION FOR YOUNG DOCTORS.—A number of deaths and retirements have made twelve vacancies in the medical corps of the navy, and the singular fact that these places are difficult to fill still exists. A better opening for a young doctor can

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scarcely be imagined. The requirements are severe—no man who has not studied hard could expect to pass the rigid examination—but this seems to have frightened aspirants off unnecessarily. For some years all candidates who have passed have received commissions. A young doctor, therefore, who passes steps at once into good pay, with opportunities of study and improvement not only during his shore duty, but his sea service. He sees his own and foreign countries under the best auspices, his uniform securing him admission into any society, and that, too, at a time in his career when most young doctors are tied down in one spot, struggling to make both ends meet. Few men enter the medical corps of the navy intending to remain, but the charm and ease of the life, and the certainty of being retired on handsome pay at sixty-two years of age, keeps many in. Those who resign after a few years' service have time to look about for an opening, and can enter private practice with prestige. Some of the most eminent doctors in Washington are men who resigned from the navy. It is astounding in these days of keen professional competition that such places should literally go begging.—*Cin. Med. Journ.*

ADVANCE IN BRAIN SURGERY.—An operation has been performed in New York by means of an electrical saw, which seems to indicate a distinct advance in brain surgery. Heretofore the bone has been cut out with a punch somewhat resembling a conductor's punch, but this method was so jarring to the brain that the resultant shock often killed the patient. The new method, which has been successfully practiced by Dr. S. B. Powell in nineteen cases out of twenty, is to make the usual four trephine opening in the skull and gently insert a broad strip of silver into one of the openings and work it along between the brain and the skull until it protrudes from the next hole, thus forming a shield between the brain and the skull which obviates all danger of accident from the slipping of the instrument by which the portion of the skull is to be exercised. A minute circular saw, operated by electricity, is then brought into use. A cut is made from one trephined hole to the other, and a second cut about one-eight of an inch from the first. The intervening bone is removed and the brain is exposed. Two

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more cuts are made between the other trephined holes, the bone removed, the silver strips withdrawn, the flaps of scalp drawn back and stitched, and the requisite bandages applied. Ordinarialy the operation is performed in about twenty-five minutes. The great success which has attended these operations is attributed by Dr. Powell almost entirely to the great delicacy of treatment rendered possible by the electric saw. It is not claimed that it will change idiots into persons of mental capacity, but beyond question they can be benefited so much that they will not be burdens to their friends and relatives The electric saw used weighs less than an ounce, and it can be operated as delicately as a scalpel.—*Cin. Med. Journ.*

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LIST OF HOMŒOPATHIC PHYSICIANS.

MASSACHUSETTS.

BOSTON.

Abbott, Chas. S., 130 Huntington av
Ahlborn, H. C., 258 Marlboro st
Allen, Frank N., 59 Ottawa st., Dorchester
Angell, H. C., 16 Beacon st
Appleton, Mrs. L., 160 W. Brookline st
Allard, F. E., 33 Hancock st
Amesbury, I.C.R., 63 W. Brookline

Bangs, E. M., box 1532
Barnes, W. E., 8 Dunmore st., Rox
Baynum, Mary H., 14 Hancock st
Batchelder, F. P., 232 Mass. av
Bell, J. B., 178 Commonwealth av
Bellows, H. P., 229 Berley
Bender, P., Exeter Chambers
Bliss, G. D. Fields Corner
Boothby, A., 1 Worcester sq
Boyd, H. D., 669 Tremont st
Bosworth, J. W., South st., Roslindale
Brackett, H. F., 230 Washington st., Brighton
Brackett, Mrs. E. A, Grace av., Fields Corner
Briggs, J. E., 240 Mass. av
Browne, P. G., 28 Saratoga st., E. Boston
Bruce, E. A., Hotel Dunbar, Rox
Bryant, V. F., 280 Boylston

Cahill, E. B., N. E. Conservatory
Calderwoods, S., 2512 Washington st
Childs, H. S., 347 Center st., J. P.
Chipman, A. M., 27 Folsom
Church, A. B., 102 Huntington av
Clapp, H. C., 11 Columbus sq
Clapp, J. W., 10 Park sq
Clapp, Mrs. S. I., 52 Hartford st., Dorchester
Clapp, Ida D., 599 Dudley
Clark-Westergren, F. E., 163 Huntington av
Clock, F. H., 271 Columbus av
Crowell, Hannah H., 628 Dudley, Rox
Cocke, Jas. R., 188 Huntington av
Colby, E. P., 229 Berkeley
Colby, S. A., 204 Neponset av
Coon, Marion, 13 Warrenton
Copp, Laura M., 16 Bulfinch st
Coffin, John L., cor. Berkeley and Boylston sts
Coy, S. W., 300 Meridian st., E. B.
Cross, G. E., 581 Broadway, So. B.
Cross, H., 21 Seaverns, J. P.
Culver, J. K., 13 Arlington
Cummings, M. L., 6 Somerset st
Currier, E M., 151 Tremont st.
Cutler, J. T., 633 Warren, Rox

Dakin, E. A., 497 Beacon st
Dakin, M. A., 497 Beacon st
Damon, N. L., 405 Washington st., Dorchester
Davis, F. A., 80 Huntington av
Davis, K. F., 1424 Dorchester av
Deering, C. W., 184 Columbus av
De Normandie, M. F., 407 Marlboro st
Doy, W. C., Hotel Langham
Drake, A. B., 35 G st., S. Boston
Drake, C. M., 70 Huntington av
Dutton, J. M., 250 Newbury st
Dunn, Jennie S., 358 Meridian st

Elliott, F. W., 107 Warren st
Earl, Geo. H., 18 Huntington av
Emerson, F. L., 118 Hancock st., Dorchester
Emerson, N. W., 601 Boylston st

Fick, H. A., 109 Warren av
Fisher, A. E., 5 Joy st
Flint, A. J. B., 102 Huntington av
Foster, E. W. 2 Commonwealth av
Freeman, F. A., 99 Stanford st
French, W. B., 137 W. Newton
Fuller, C. M., 229 Berkeley st

Gay, A. P., 114 Huntington av

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Gallison, J. C., 130 Dartmouth st
Gary, C. E., 546 Columbus av
Gannon, Anna M., 41 Sawyer st
Gibby, I. P., 1 Columbus sq
Gibbs, H. A., Guild st, Rox
Goldthwaite, S. V., Columbus and Mass. avs
Gilbert. A. E , 21 Holyoke st
Gooding, E. J., 223 W. Springfield st

Halsey, F. W., 272 Newbury st
Hammond, S. P., 90 W.Springfield st
Hardy, W. O., 8 Trumbull st
Harris, G. W., 362 Mass. av
Harris, John T., 136 Warren st
Hastings, C. E., 160 Huntington av
Haub, A. C., 102 Huntington av
Hayward, L. T., 586 Tremont
Hill, N. H., 35 Huntington ave
Higgins, H. R., Allston
Hines, A. D., 1165 Fremont st
Hornby, Mary S., Uphams Corner
Horr, A. W., 7 A. Beacon st
Houghton, H. A., 186 Marlboro
Houghton, N. H., 544 Columbus av
Hunt, L. J., 1513 Washington st

Jackson, S. H , 325 Centre st.
Jackson, W. L., 86 Dudley st
Jameson, R. E., 28 Eliot st., J. P.
Jenness, S. A., 429 Shawmut av

Kennedy, A. L., 260 Clarendon st
Kimball, L. H., 200 Warren st., Rox
Kimball, L. M., 533 Columbus av
Kimball, S. A., 124 Commonwealth av
Kingsbury, C. L., 688 Tremont st
Kinney, J. E., 576 Warren st., Rox
Kirke, Lucy A., 760 Dudley st
Klein, A. A., 2 Rutland st
Krebs, F. H., 42 Union Park

Lawrence, R. A., 2 Dunreath st., Rox
Leach, C. C. A., 11 Allston st
Lee- L. M., 46 Adams st., Dorchester
Lincoln, G. A. T., 769 Tremont st
Lindsay, F., The Warren, Rox
Lyon, A. I., 333 Tremont st

Macdonald, A., 124 W. Concord st
Mann, M. E., 2 Commonwealth
Marvin, Grace, 84 Maple st
Miller, Lisbeth, 12 Cordis st
Morris, F. M., 138 Marlborough st
Mosher, M. E., 53 Blue Hill av

Nichols, C. F., Hotel Pelham
Nixon, A. J.. 108 Warren, Rox
Norcross, E. F., 1774 Washington st

Osgood, J. H., Armory and Boylston

Packard, H., 362 Commonwealth av
Paine, J. P., Hotel Eliot, Roxbury
Payne, F. W., Exeter and Boylston sts
Payne, Geo. H., 74 Boylston
Payne, Jas. H., 344 Commonwealth av
Payne, Jno. H., Copely sq
Pearson, M.M., 85 W. Springfield st
Pease, Ella G., 1 Worcester sq
Philips, L. A., 229 Berkeley
Peterson, H. G., 368 Boylston
Pike, L. J., 204 Berkeley st
Pick, Albert, 737 Tremont st
Plummer, J.M., 160 Huntington av
Porter, L. M., 54 Rutland sq
Powers, A. H., 352 Mass. av

Reeves, Harriett, 163 Huntington av
Reynolds, H. V., Monadnock st., Dorchester
Rice, G. B., 329 Berkeley
Richardson, F.C., 1 Saratoga pl E.B.
Ruggles, W. O., Neponset
Russell, Flora, 595 Tremont
Russell, John H., 693 Tremont st

Sanders, O. B., 370 Columbus av
Sanders, O. S., 511 Columbus av
Sawyer, W. H., 677 Dudley, Rox
Shaw, J. S., 577 Tremont st
Shaw, S. J., 577 Tremont st
Sherman, J. H., 534 Broadway, S.B.
Sherman, J. T., Virginia st., Dorchester
Short, S. D., 42 Bowdoin st
Simmons, C.C., 116 Huntington av
Small, H. E., 19 Moreland st
Smith, A. D., 660 Broadway, S. B.
Smith, Ella G., 8 Greenville, Roxbury
Smith, J. Heber, 279 Dartmouth st
Smith, W. S., 124 W. Newton st
Southgate, R.W., 2 Commonwealth
Southwick, G. R., 31 Mass. av
Spaulding, H. E., Hotel Cluny
Spears, G. W., 200 Columbus av
Stackpole, F. D., 24 Kenilworth st
Stevens, J. H., 229 Berkeley

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Storer, John, Jamaica Plains
Stowell, Maud E., 89 Winthrop, Rox
Styles, M. F., 433 Columbus av
Suffa, Geo. A., 229 Berkeley st
Sutherland, J. P., 295 Commonwealth av
Swain, M. L., 2 Commonwealth

Talbot, I. T., 685 Boylston st
Talbot, W. T., 685 Boylston st
Taylor, E. W., 204 Neponset av
Thompson, J. B., 231 Tremont st
Thurston, R. L., 260 Clarendon st
Tobey, C. McV., 361 Columbus av
Tobey, W. H., 351 Columbus av
Tompkins, A. H., 20 Seaverns av., J. P.

Urich, J. H., 432 Columbus av

Walker, G. F., 593 Tremont st
Webb, Mary E., Hotel Berkeley
Wesselhoeft, C., 661 Boylston st
Wesselhoeft, W. F., 176 Commonwealth
Wesselhoeft, W. P., 176 Commonwealth
West, B. H., Neponset
Wheeler, H. D., 536 Broadway, S. B.
Wheeler, M. P., 741 Dudley st
White, M. A., 109 Appleton st
Wilder, S. E., 505 Columbus av
Wildes, A. W., 599 Dudley st
Windsor, Sara S., 138 Marlboro'
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Wood, Nelson M., 71 Elm st., Chstn
Wright, H. L. F., 201 Clarendon

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Adams, G. F., Westboro
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Scales, Edward P., Newton
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Spaulding, S. H., Hingham
Spaulding, H. E., Hingham
Spencer, G. F. A., Ware
Spooner, Geo. B., North Brookfield
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Stedman, Jas. P., Brockton
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Stephenson, Mrs. N. W., Littleton Common
Stewart, Annie C., East Cambridge
Stiles, C. W., Newburyport
Story, A. Francis, Natick
Sturtevant, Charles, Hyde Park
Styles, C. W., Newburyport
Swan, W. E. C., Stoughton
Swan, J. J., North Easton
Sweet, Clara M., Springfield
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Tabor, J. A., Lawrence
Taft, Mary F., Newtonville

Talbot, Geo. H., Newtonville
Taylor-Cole, A. B., East Somerville
Taylor, Henry, Concord
Thayer, C. N., Falmouth
Thomas, C. H., Cambridge
Thompson, A., Lowell
Thompson, Eben, Newton Upper Falls
Tower, Geo. A., Watertown
Townsend, W. M., Melrose Highlands
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Turner, M. W., Brookline

Utley, Jas., Newton
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Watters, Wm., Lynn
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Wesselhoeft, Walter, Cambridge
Weston, Isabel G., Wellesley
Wheeler, Jas. H., Pittsfield
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Whiting, Lewis, Danvers
Whiting, W. B., Malden
Whittemore, D. S., Brockton
Wilde, G. W., Jr., Norton
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Winn, W. J., Cambridgeport
Wiswall, E. H., West Newton
Woodman, Geo. S., Newtonville
Woods, Chas. A., Lowell
Woods, J. U., Holyoke
Worcester, Ed., Waltham
Worcester, F. S., Peabody
Worcester, G. W., Newburyport
Worcester, J. F., Clinton

Young, B. H., Amesbury

SLOW IN HONORING DR. RUSH.—Eleven years ago a fund to erect a monument to Dr. Rush, the only physician who signed the Declaration of Independence, was started in Washington. Only $3,094.39 has been contributed of the $20,000 needed.

DISTURBANCES OF INNERVATION.

Robert B. McCall, M.D., *Medical College of Ohio,* Cincinnati, now residing at Hamersville, Ohio, writes:

"My confidence in antikamnia is so well established that I have only words of praise. Independently of other observers I have proved to my satisfaction its certain value as a promoter of parturition, whether typical, delayed or complicated, and its effectiveness in controlling the vomiting of pregnancy. In cases marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forebodings, one or two doses, three to five grains each of antikamnia promptly changes all this.

"If there is a 'sleepy uterus' antikamnia and quinine awake every energy, muscular and nervous, and push labor to an early safe conclusion. Indeed, in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process.

"I have just finished treatment of an obstinate case of vomiting in pregnancy. A week ago the first dose of antikamnia was given, nervous excitement, mental worry and gastric intolerance rapidly yielded. This case was a typical one and the result is clearly attributable to the masterful influence of your preparation.

"If there is any one drug or preparation that can be made to answer every need of the physician, for the correction of the multitudinous disturbances of innervation that occur in the various diseases he is called upon to treat that one is antikamnia."

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The Medical Visitor.

A MEDICAL NEWSPAPER.

[Entered at the Lansing, Michigan, Postoffice as second-class matter.]

VOL. XI. AUGUST, 1895. No. 8

PSORINUM.*

W. H. SHAW, M.D.

Nothing is more essential to correct homeopathic prescribing than that of recognizing the *individuality* of both our sick patient and the drugs that are applicable to his case. In all drugs, as in all persons, there is an individuality that is expressed in an external appearance and an internal spirit. When the cares of life are ended and the soul leaves its tired and worn out body to return to dust, think you not that it will recognize the sweet voice and happy laughter of a beloved child among the many millions of spirit land? There are peculiarities that distinguish each one of us and though we may resemble someone else in external form, yet when our friends learn to know the inner spirit that shines through the eyes, lights the face with a smile, and gives heartiness to the friendly grasp of the hand, then they individualize us and feel that they know us. Thus is it in materia medica. Each drug has an external appearance differing from another and each also has a spirit-like force that individualizes the whole substance. In order to know our remedies it is necessary to become familiar with the soul within them. We, as homeopaths, believe that the proper way to discover the true individuality of a drug is by a proving on the healthy human body. Collecting these symptoms from many

* Read at semi-annual meeting of N. I. and S. S. Hom. Med. Association, Elkhart, Ind., May 2, 1895.

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provers we find certain general characteristics running through each proving and thus we associate the name of the remedy with a certain group of symptoms. I have brought to the meeting with me today the spirit form of a remedy we have all heard of, but which, I am afraid, has but few real friends among us. It is called Psorinum.

Try and carry in your mind's eye the picture produced by the totality of symptoms and see if you have not some cases that might be benefited by its use. Believing, as we do, in the law of similars, we know that this remedy will cure where indicated, even though it has its birth in a filthy itch pustule.

A Psorinum child is pale, sickly and delicate—scrofulous, nervous, restless, and easily startled. It cries and frets day and night and will not go to sleep. The body has a filthy smell, even after a bath, and on the head there is a moist suppurating eruption which is fetid. There is a profuse sweat. Nearly everything about a Psorinum patient has a horrible odor. The stool is fluid and smells like rotten eggs or carrion. One of the places where Psorinum will do the most good is in conditions of weakness after acute diseases, where all remedies, even Sulphur, seem to fail to bring about a reaction towards health. Psorinum in such cases seems to go deeper into the constitutional conditions, and stirs up the lagging vital force. One of the most prominent and characteristic symptoms of this remedy is its great aggravation from cold or change of weather. The patient wears a fur cap even in summer. He has a cough that returns every winter. In conformity to his thin,' weak, nervous, scrofulous body are the mental symptoms. He despairs of recovery—thinks he will die—memory is so weak that he does not know his own room or the street on which he lives. At times he gets into a condition where he thinks he is very ill, and at the same time there is no structural change—just a weak, nervous debilitated state of body and mind. At times he has religious melancholia, and is full of fears and evil forebodings. His hands and feet tremble and even every moral emotion causes trembling. In asthma this remedy has a condition which is decidedly peculiar. Instead of rising up or having himself propped up with pillows, he wants to lie down and stretch out his arms as far as possible from the body. His breath is short

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and there is anxious palpitation. In accordance with other symptoms the pulse is weak and feeble.

The pregnant woman has a friend in Psorinum, for after other remedies have only palliated, it will often stop the vomiting of pregnancy. The skin symptoms are characteristic—dirty, greasy looking with yellow blotches here and there. The body itches intolerably, worse in bed and from warmth, and he scratches until there is bleeding. Also think of this remedy in recurring attacks of quinsy where the remedies only palliate but do not cure. These few suggestions may turn your attention to a remedy that may often be useful to you when other remedies have seemingly failed. Don't reject any remedy no matter how lowly its origin, so long as it will aid you in bringing health to your patient and dollars into your pockets. It has been proven on the healthy, and according to our homœopathic law, it will cure when properly prescribed.

TREATMENT OF ABSCESSES AND CARBUNCLES.

W. L. MORGAN, M. D., BALTIMORE.

If I do not differ from others, even eminent men, my work will be a mere repetition of some other writer, and of no use to the world, and to write to please other's fancy I would fail to teach the truths that a long experience and careful observation leads me to believe will be to the benefit of suffering humanity.

If others have different views and teach and practice differently, I will not question their good intentions. I only ask them to allow me to tell my convictions from my experience, and that they will read and consider my reasons.

"He may laugh at scars who never felt a wound."

The widow and orphan do not laugh at the sad death of a father or husband who died of blood poisoning from the operation of cutting open a carbuncle, or a boil; nor will the rheumatic or neuralgic sufferer, when he knows that his suffering came from similar cause.

Those who suffer from disfiguring pimples or from boils, neuralgia, indigestion and other of the ills of life, may little

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think that it may have come from lancing a boil several years before, when it was thought to be the only treatment. And now I wish to tell why and how it came. I will not attempt to treat on all kinds of blood poisons, but only consider how it comes from opening abscesses, boils, carbuncles and other sores by cutting or other heroic operations, or healing the same with salves, cauterizing or other local treatments.

A boil or abscess forms deep in the flesh. It is first a collection of purulent matter surrounded by a membrane (the pyrogenic membrane) and called the pus sack, which allows the pus formed in the blood to pass into the sack, but the sack is supplied with valves which prevent its passing outward into the blood and surrounding tissues, and thus forms nature's protection from the poisonous pus within the sack; the distuned condition of the system, the impure condition of the blood, the formation of pus corpuscles and their peculiar gravitation to the pus reservoir, forcing their way through the pyrogenic membrane, which, like a magic prison, opens to let them in, then closes to keep them there, accounts for this phenomena; then as by a hydrostatic press the wall is forced outward, which yields in the direction of the least resistance, and thus makes the boil come to a head.

This process of expansion is usually attended with much pain, inflammation and aggravation of the already deranged functions of the system. This suffering goes on from day to day, generally aggravated by poultices and various hot and irritating applications, till, from exhaustion of the powers of endurance, a surgeon, not a physician, is called. He soon decides that it "must be operated on," and the greatest care taken to make an antiseptic operation.

The poultice removed, the place all carefully washed, then bathed with a bi-chloride solution, the hands washed and the nails brushed and treated with the same solution; sponges and napkins the same. The knives and other instruments must be washed in a carbolic solution and the room disinfected with a spray of Thymol. After this, etherize the patient. All this care and cleanliness is surely commendable and according to approved regular surgery. Then the cut is made according to the case; either a single thrust with the point of a lance, or a long one

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with scalpel, carefully made, but deep enough to lay open the pus sack to the bottom ; sufficient to make a free evacuation of the entire contents of the sack. This cut may be large or small, the same conditions obtain and the same results follow, viz.:

Nature's fortification against septicema is broken open and the pus (septic matter) rushes out and spreads freely over the fresh cut edges of the wound in contact with the freshly-opened vessels and exposed nerves and flesh, and must remain there long enough to send its poisonous effects deep into the tissues through the blood serum or nerves, but more reasonably to say, through the life substance (life principle) like all infectious diseases are imbibed as vaccination or inoculation.

Dissection wounds, bites of rabid animals, stings of insects and bites of serpents, all invade the tissues in the same way, but the two latter require no time to incubate, but begin the work of destruction at once, making their presence known instantly.

But the septic poisons require from a few days to many years to develop, and often appear in some strange form and are not suspected to be from the simple operation of opening a boil, of healing a sore with a salve or wash many years before.

In confirmation of these statements it is only necessary to call attention to the many well-authenticated cases of surgeons, men of eminence, masters in the profession losing their lives or becoming helpless and hopeless invalids from a very insignificant wound by an accidental slip of a knife or needle in a post-mortem examination.

An objection is made to this by a surgeon who says, "There are few people living who have not been subject to such operations and have good health after it, as in vaccination."

I accept his useful objections. If one in 200 vaccinations prove to have bad effects, it is enough to account for all the great increase of tuberculosis, leprosy and cancers within the recent period of compulsory vaccination.

These few references are sufficient to show from what source come many of the distressing conditions which we find among suffering humanity. The laity believe there is no other treatment, and are taught to believe so by men supposed to know all that is worth knowing ; who contemptuously discard the true teaching

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of the healing art, and refuse to learn, even for their own benefit, which is expensive, willful ignorance.

That there is an easier, better and safer way of treating such cases is well known to every Homœopathician, and everyone who professes to be a Homœopathist may easily learn from the Organon and Materia Medica how to avoid all these disasters to his confiding clients.

I will say to the sufferer, even in a trivial case, consult a physician, not a surgeon, who will study the whole case and the remedy as carefully as if it was considered a dangerous case.

And to the physician, to observe a few DON'TS. Don't cut; don't probe; don't poultice; don't squeeze; don't salve; don't physic; don't lose mental equipoise; don't interfere with nature's process of opening; don't hurry when consulted.

Observe the physique, the characteristics and objective expression of the patient, and locality of lesion.

Learn what you can of the sickness and family history.

Examine the sore and surrounding tissues; the tension, color, temperature, sensativity to light and heavy touch, and any disorder of any other organs or functions, giving special attention to all modalities or characteristics of the symptoms, especially the mental symptoms. Consider the entity of the patient, and then with a fair acquaintance with the Materia Medica, and if necessary, a reference to a repertory, it will take not more than from three to fifteen minutes to select the true similium, and often in a shorter time the severe pains will begin to subside; the sufferer rests more comfortably; sleep as much as necessary; eat regularly. The abscess will soon open itself by natural process, with but little pain, no gangreen, sloughing or blood poison, and seldom with a mark, scar or crippled organ.

The only external treatment I have found of real advantage is, where there is much inflammation and heat, a very thin linen cloth laid over it and kept wet with clear water, sometimes a few pellets of the same remedy and potency may be dissolved in the water at first. This is of doubtful propriety.

In this paper, which is already too lengthy, I think a list of remedies and indications is improper, as a physician should not be limited to any selection, but should use his judgment of the requirements of the case.

While I prefer the highest, I do not wish to be limited to high or low potencies, neither would I like to see any arbitrary limit set for others.

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HYPNOTISM AND ETHER.

BY J. B. S. KING, M.D.

"What I desire to show you," said the professor to his attentive class, "is that by the aid of mental suggestion or a species of hypnotism, the facility with which Ether may be administered is greatly increased; the patient is more calm and submissive, there are no struggles for air, and the time necessary for complete anæsthesia is greatly diminished under that required by Ether alone.

"You have all observed in the last case, in which anæsthesia was produced by the use of Ether only, that the time elapsing between the first inhalation and full anæsthesia was exactly twenty-four minutes, and during the early stages was accompanied by considerable uneasiness, and resistance.

"In the present interesting case we shall use the combined effect of hypnotic suggestion and Ether, and I have not the slightest doubt but that we shall produce a full anæsthetic effect in ten minutes or less, and with greater ease and comfort than before." The present interesting case was a lean, muscular man, of good stature, and of a ferocious aspect, an appearance which was greatly enhanced by a divergent strabismus. The professor approached, and, laying his fat, warm hand on the patient's head, spoke to him in a bland, encouraging tone of voice.

"My man," said he, "I want you to go to sleep; close your eyes, and concentrate your thoughts upon sleep, s-l-e-e-p, s-l-e-e-p, s-l-e-e-p; b-r-e-a-t-h-e d-e-e-p." Then making certain mystical passes over the man's head, the professor beckoned to the Ether administrator to place the cone over his face.

So far, everything worked well, the man lay perfectly motionless, and the pleased class stood around, each member scanning his watch in solemn silence.

The professor occasionally stroked the patient's head, murmuring, s-l-e-e-p, s-l-e-e-p; b-re-a-t-h-e d-e-e-p. It almost seemed as if the man was already completely anæsthetized, so deep and regular was the rhythm of his respiration, and so quietly did he lie.

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"See," said the professor, his bosom swelling with pride, "only five minutes have passed, and already the conjunctiva is insensible," and with that he raised the man's lid and lightly brushed his forefinger over his eye. The effect was instantaneous; the supposedly unconscious patient sprang from the table with the supernatural activity that belongs to the preliminary intoxication of Ether, and dealt the professor a good sound blow between the eyes, that knocked that scientific worthy over with the neatness and completeness of a ten pin. "Where's the cove what jabbed me in the eye?" demanded the patient glaring wildly out of his irate and divergent optics. The professor, who was lying on his back, blinking at the ceiling, seemed to have dropped below his range of vision, for his attention was now attracted by the startled and amazed group of students.

Most unfortunately there was a hatchet lying on the window sill; seizing this, just as the professor had recovered himself so far as to scramble to his feet, he made a furious onslaught upon the group of students and attendants, now huddled together near the door.

The exquisite funniness of the scene that followed can never be adequately described. No one who was present and calm enough to take it in, can ever again think of it without peals of inextinguishable and stentorian laughter.

There was one among the flying mob, who, although in mortal fear of the swirling hatchet, found time to think. "If I live through this, I shall die tomorrow of laughing." It should be forever inscribed upon the tablets of mirth how that etherially intoxicated man, with his formidable weapon, chased the hospital nurses, the two internes and the class of students, headed by the bald-headed and spectacled professor, through the hall and up the front stairs and down the back stairs, through the pantry into the kitchen and out of the kitchen; how the members of the flying mob tumbled over each other with every variety of mirth-provoking incident and accident; how the professor, although sadly out of breath, at every opportunity and brief lull in his mad and tempestuous career, kept shouting, "Sleep, sleep; breathe deep!"

Suddenly the man stopped and looked confusedly around. "What's all the racket about?" he asked huskily. The volatile

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fumes of the subtle liquid were evidently evaporating from his brain. In a few minutes he was willingly lead back to the operating room and quietly stretched himself out on the table. The professor said nothing more about hypnotic suggestion, he simply said: "Two of you sit on his stomach, and two on his legs, and you four here hold his arms, I'll sit on his head; where's that bottle of Ether ?"

VIVISECTION—DISSECTION.*

J. B. GREEN, M. D., C. M. L. R. C. P. & S.

The influence of sentimentalists has been, and is, so great that public opinion is—as regards sense and non-sense, in a paradoxical condition.

To anaesthetize an animal for surgical experiment or physiological examination, or to dissect a human body for anatomical study, is cause of frowns and expressions not pleasant to the operator, but, inconsistent as is the feeling or opinion of the opponents, not one of them would fail to call a surgeon when in distress, and not one of the lot would submit to the examination or operation of that surgeon if he knew that the gentleman had never disseeted the human body.

The thousands of worse than worthless dogs are held in veneration for no other reason that I can discover, save to flavor the grocer's goods placed on exhibition in front of the store door,—to ornament the clothing of passers-by with rents, or to improve the features of little children by lacerations. The bodies of many score of human beings, who were as worthless during life as are the dogs, are garlanded with flowers and venerated simply because it is a dead form, ready for the worms, and the nucleus of a funeral.

Honesty and openness is demanded of the medical profession. Knowledge is the essential for patronage, yet to gain and retain knowledge the doctor must be a thief,—at least a liar in his acts, for if he dissects the poor worn out remains of one of his species, or experiments, in the interest of science or for the benefit of weak humanity, on the living dog or other animal.

* Read at semi-annual meeting of N. I. and S. M. Hom. Med. Assn., May 2, 1895, at Elkhart, Ind.

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he is persecuted, and is apt to be prosecuted by those who will feed a starving dog, but will cry "crucify him" when a poor idle-by-force man steals a loaf of bread to keep a flickering flame of life in the little worn and wasted body of his child.

Sentiment has filled many graves, sentiment has done naught for science. A spirit of discriminating right should displace it.

No man should attempt surgical work without training, and that training should be special for special work, supplemented by continual refreshings through vivisections and dissections.

Knowledge of normal anatomy is necessary, but the knowledge of abnormal anatomy is *absolutely* necessary. Technique should be a fact and not a speculation, surgical care and treatment should not be uncertain, and learned as emergencies arise on the human patient, but should be sought for and mentally grounded as a principle, learned through experience and experiment upon animals.

Abdominal and pelvic work is a blind quantity to the tyro. No man knows what he may find in an abdomen; no man will ever know what to expect until he learns to expect the unexpected.

Intestinal stenosis is not the hardest lesion to diagnose, but the location and cause of the stenosis is—excepting by inspection—always speculative. Ocular inspection will, in the great majority of cases, require manipulation of non-diseased parts. How to manipulate with a minimum of danger and a maximum of discovery can be learned in but one way—vivisection. Methods of operation upon intestines or other viscera is dependent upon experiment, and animals should be the subjects of such experiment.

If you think it an easy matter to find a pathological condition of the intestines,—even so small a thing as a stenosis, with the diagnosis certain, and a guide board erected as an aid to your search, take a dog, (but keep it quiet, both the dog and your intention.) Go through the whole minutia of asepsis and antisepsis; scrub, wash and shave. Then anaesthetize and open the abdomen, just sufficiently to catch a small loop of the gut. Carefully pass a piece of gauze around the protruded portion, tie and cut off the ends of the gauze near to the knot, do not completely occlude the lumen of the bowel. Return the gut

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and close the wound. For three days closely watch the animal, noting all symptoms that arise from the obstruction. At the end of that time again anaesthetize, reopen the wound and with the finger search for the constriction; if you find it (and the chances are 90 to 10 that you will not), make careful examination of it, and treat it as the condition demands. Should you fail in your search, enlarge the opening, find the illeo-coecal junction, then slowly and tenderly follow the small intestine back until you find what you seek, taking care to bring as little of the bowel into the world as is necessary.

Not alone in abdominal and pelvic surgery is vivisection useful, but in all surgery. Dissection should be a close follower of vivisection. After recovery from an experimental surgical operation the animal should be killed and dissection made, noting all changes of tissue, relations, etc.

Minute anatomy is well enough, but regional anatomy, with its gross conditions, is important from a mechanical standpoint.

Acquirement of scientific knowledge is a demand of the age; that demand commands the use of anything and everything that will redound to the use of man. Animal life of the lower scale must be jeopardized, even sacrificed, that animal life of the higher grade may be made perfect and its possessors happy. The public must be taught that the greatest good to the greatest number passes by individuals. Cheap notoriety, through the championing of a cause through mere sentiment, is shortlived, and a species of crankism.

Since writing the above my attention has been called to an excellent article on the same subject by F. Byron Robinson, published in the April number of the Indiana Medical Magazine of Fort Wayne. I would particularly commend the article, and advise the reading of it by not only the profession, but also by the laymen who are in any way interested in the subject.

A colored medical student, Robert J. Abele, has won honor for his race and distinction for himself by securing the highest average (98.6) attained by a student of any medical school since the organization of the Medical Council of this state. The record is not only highly creditable to this student, but it shows that color is no bar to the attainment of professional education.

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TREATMENT OF CHOLERA INFANTUM.

BY T. G. ROBERTS, M. D.

Much confusion exists concerning the treatment of this disease because it has been confounded with other complaints, especially with entero-colitis or "summer complaint." The older writers applied the term cholera infantum to all the various diseases of the digestive organs and brain that afflict children during the summer.

This, certainly, is very unscientific. True cholera infantum exhibits the symptoms of acute poisoning, and the remedies that have special relation to the disease are few. If entero-colitis be included in the term cholera infantum the remedies will of course be very numerous, but I restrict the term to the cholera-like symptoms of acute gastro-enteritis. In the treatment of this disease the patient should be kept as still as possible consistent with comfort, in order to save any unnecessary waste of strength. It is desirable to apply heat to the extremities and even to the body of the child, especially when heat seems agreeable. All food should be suspended, for the stomach and bowels are not in condition to appropriate food; water is all the food needful during the acute stage of the disease. After the vomiting has stopped the child may be cautiously fed. If the child is nursing it should be given the breast once in three or four hours. If the child is fed it may be given a little diluted milk, but great care should be taken to avoid milk that is in any degree sour, for sour milk is death to infants. If the milk is vomited in curds, sugar of milk may be tried, using a teaspoonful of sugar of milk to a gill of water. Diluted cream often does well in many cases. No starchy foods should be given, unless very thoroughly cooked. Cold food usually agrees better than warm.

The tendency is to feed such cases too much. They do not die from lack of food. Stimulants are worse than useless. The great thing in the treatment of the disease is to get the right remedy and then use it judiciously. The physician is apt to lose his head in a severe attack and spoil his case by giving too many doses, or by changing the remedy too frequently. Be

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sure of your remedy before you give any medicine. No treatment is better than bad treatment. Very few cases will die if properly treated from the beginning.

During convalescence, a change of air is sometimes of great importance, especially a trip on a large body of water. The child's head should be protected from the direct rays of the sun.

In the medicinal treatment of this disease the most frequently indicated remedy is

VERATRUM ALBUM.

It is indicated by the following symptoms:

Sudden onset of the disease. Large watery discharges from the bowels with copious vomiting. Cold sweat on the forehead. The nausea is very pronounced and increased by the least movement. Great prostration after vomiting. Stools watery, colorless, or greenish, inodorous, sometimes containing flakes that look like spinach.

There is usually considerable pain in the bowels, and some times cramps in the limbs. Pain's characteristic of the drug: Great thirst for ice-water, but drinking excites vomiting. Tongue and breath cold. Pulse weak and almost imperceptible. Skin seems drawn tightly over the bones of the face.

ARSENICUM ALBUM.

Vomiting and purging with much thirst for cold water, which is immediately vomited. Unquenchable thirst, but the child usually takes only a sip of water at a time. The ejecta are not very copious. Small watery evacuations, sometimes dark green and scalding. Face pale and cadaveric, and the skin dry, harsh and wrinkled. Rapid prostration of the vital forces. Coldness of the extremities. Great restlessness. All the symptoms are worse after midnight.

There are many symptoms common to both arsenicum and veratrum, but many differentiating symptoms are to be found. Arsenicum alb., as a rule, does not have *profuse* discharges from the stomach and bowels, the statement of some authors to the contrary notwithstanding. *Cold sweat* on the forehead is especially characteristic of veratum as is also *copiousness of the discharges.* In Ars. the stools are very offensive, while in Verat. they are comparatively inodorous. The after-midnight aggra-

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vation of arsenicum is an important differentiating symptom. The restlessness of Ars. is much greater than that of Verat. In Verat. the skin is more clammy than in Ars. In Ars. motion does not increase nausea as it does in Verat. These two remedies are frequently confounded in text-books, and in medical practice, but the differentiating symptoms are so clear-cut that no mistakes need be made.

CAMPHOR.

Where the skin is cold as marble, and the child will not remain covered. There may be neither vomiting nor purging, but coldness and great prostration. Upper lip drawn up exposing the teeth. Face pale, livid, eyes sunken and fixed. The great coldness with aversion to heat is very characteristic of this drug; but it must not be forgotten that secale cor. has a similar aversion to heat and covering.

CUPRUM MET.

Violent vomiting and retching from abdominal spasms. Spasms preceded by violent vomiting of mucus. Violent but ineffectual efforts to vomit. Tendency to convulsions from the beginning of the attack. Cramps the legs and feet. Painful green stools. Hydrocephaloid condition. Coldness of nose and chin.

TABACUM.

Deathly pallor of the face and cold, viscid sweat. Icy coldness from the knees down. Body cold, abdomen hot. Child wants abdomen exposed; is not satisfied until all clothing is off abdomen. Nausea and vomiting relieved by exposing abdomen to cold air, but the nausea and vomiting are made worse by the least movement of the body. Great thirst. Stools yellow, sometimes greenish slime. The relief of the nausea and vomiting from exposing the abdomen to cold air and the aggravation from the least movement of the body is very characteristic of this remedy. It is a remedy frequently overlooked.

AETHUSA.

Vomiting and diarrhœa with great prostration. Convulsions with clenching of the thumbs, and turning downward of the eyes. Milk seems to be poisonous to the child, and is thrown

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off as soon as taken. Face sometimes red and sometimes pale. Vomiting of coagulated milk. After vomiting the child is cold and clammy. Child lies unconscious with staring eyes, and pupils dilated and insensible to light. Spasmodic hiccough.

IPECAC.

Sleeps with eyes half open. Vomiting with continuous nausea. Stools green as grass or fermented. Nausea and vomiting predominate over evacuations from the bowels, in a mild form of the disease.

KREOSOTUM.

Greedy drinking and constant vomiting; belching and hiccoughing when carried. Child resists tightening of anything around the abdomen.

Cuprum-arsenicosum, Phosphorus, Phosphoric acid, Podophyllum, Secale cor., and especially Apis and Belladonna may be indicated in some cases.

CARE OF PERSONS FOUND UNCONSCIOUS ON THE STREETS.

ROOMS OF THE MEDICAL SOCIETY OF THE COUNTY OF KINGS,
BROOKLYN, N. Y., *June* 1, 1895.

At a meeting of the Medical Society of the County of Kings, held February 20, 1894, a committee of three was appointed, "to report to the society what means have been provided in the city of Brooklyn for the immediate care of persons found unconscious on the streets." The committee made a preliminary and a final report, the latter at the December meeting of the society, at which meeting it was authorized to issue a circular, in which should be embodied its recommendations, and to send the same to the medical journals, to the managers of the different hospitals of the city, and to such other organizations as it might deem wise.

In accordance with these instructions, the committee has prepared the following circular, which it recommends to the consideration of the members of all medical societies, as being largely instrumental in shaping public opinion; to health boards, as being the power appointing in many instances ambu-

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lance surgeons; to managers of hospitals, as having in some measure the same appointing power, and especially as being the authorities receiving and caring for accident cases; and to the police authorities, who are principally instrumental in summoning aid for those who are injured or taken ill in the streets.

RECOMMENDATIONS.

1. Whenever a person is found in an unconscious or semi-conscious state on the street, or elsewhere, away from his own home, the police, when notified of such case, shall immediately summon medical aid; sending for the ambulance surgeon, or for the police surgeon; or in towns, where there are no such officials, then for the nearest physician, who should be compensated for his services by the authorities.

2. The police shall not decide as to the disposition of such a case, but must await the decision of the ambulance surgeon, police surgeon, or of the physician called, and must act in accordance with such decision.

3. A police officer who acts in opposition to such decision should be by the ambulance surgeon, police surgeon, or the physician, reported to the police commissioner, who should subject such officer to discipline, rules governing such cases having previously been made and promulgated.

4. Ambulance surgeons should give prompt and immediate aid to patients found in the condition hitherto described, and remove them to the nearest hospital, or to their homes when ascertainable, according as their judgment dictates is the best course to pursue in the interest of the patients. The existence of an alcoholic complication in the case should in nowise adversely influence the surgeon or physician called as to the disposition of the case, as such a complication often renders skillful medical treatment the more imperative.

5. Ambulance surgeons, and other medical men, brought in contact with cases in which alcoholism is a frequent complication, should be reminded that this condition often renders an immediate diagnosis impossible in the most serious and oftentimes fatal forms of cerebral disease and injury, as well as in other diseased conditions.

6. The examination of ambulance surgeons should include

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the differential diagnosis of alcoholic coma from other forms of coma, and the various diseases or injuries that may produce a condition simulating alcoholic intoxication.

7. Hospital authorities receiving financial aid from the city should not refuse admittance to patients suffering from supposed alcoholism, for in so doing they are liable to be contributory to the death of such patients. They should know, that if the condition be one of uncomplicated alcoholism, this fact will in a short time be revealed, and other disposition may be subsequently made of the case; while, if the patient is so affected as to need immediate and skillful treatment, his rejection by the hospital authorities may conduce to a fatal result. If they refuse to receive such cases, because complicated with alcoholism, they should be held legally responsible for the results. And, further, if such refusal is persistent after their attention has been called to the matter, the city authorities should strike the name of such hospital from its list of beneficiaries.

8. The municipal authorities should also consider the question of the establishment of a special emergency hospital, or hospitals, conveniently located with reference to the various districts of the city; or a system, similar to that of the Bureau d'Admission in Paris, connected with which there is a special hospital for all cases of alcoholism, or cases complicated with alcoholism, that may occur in the streets of that city. Or, the authorities might consider the establishment of a special department in connection with the hospitals of the city, similar to the "Alcoholic Wards" of Bellevue Hospital, New York, where more than 4,000 alcoholics are annually treated. Such a plan would relieve the general hospitals of the burden of such cases, or compel them to make special provision for their care. Should the existing methods prove inadequate, the committee recommends some such plan as is here outlined.

It is the hope of the committee, now that the attention of all concerned has been specifically called to the matter, that they will co-operate in such a manner, by adopting rules and otherwise, so that methods will prevail in Brooklyn and other cities in the management of cases of the nature described, such as exist in most European cities. If this is done, then persons who are rendered unconscious from any cause on the streets or

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elsewhere, will receive prompt medical and humane treatment, and will escape the danger of being thrust in a cell as "drunks," and there left to sleep off the supposed debauch, which in no inconsiderable number of cases has proved to be "a sleep that knows no waking."

The recommendations of this circular are in keeping with the spirit of the resolutions already adopted by the Medical Society of the County of Kings, and with the practice pursued in the principal cities of Europe. No attempt has been made to treat the subject exhaustively, or to give in detail rules and regulations, which can only be done by the respective authorities of a municipality. It is hoped that wherever a similar defect exists, similar remedies will be applied. We invite the aid of medical societies and the medical and secular press in procuring the desired reformation.

Committee: { J. H. RAYMOND, M.D., *Chairman.*
JOHN C. SHAW, M.D.
LEWIS D. MASON, M.D., *Secretary.*
171 Joralemon Street.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

At 3:00 P. M. of June 26th, 1895, in the spacious banquet hall of the Ocean House at Watch Hill, R. I., the sixteenth annual session of the International Hahnemannian Association was called to order by the president, Dr. B. L. B. Baylies, of Brooklyn, N. Y., with a good representation of the membership present. The annual address of the president recommended, among other things, the dissemination of standard homœopathic literature among the colleges and the laity; this was referred to a committee, which was empowered to prepare and collect suitable reading matter for report at the next annual session.

Dr. Wm. P. Wesselhoeft, of Boston, the corresponding secretary, gave a most interesting and instructive report of the climatic advantages of different countries, from data collected during a recent trip around the world, and promised a further report of the treatment of leprosy by the indicated remedy.

The report of the board of censors, by Dr. A. R. Morgan,

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chairman, was accepted, with the result of substantially increasing the membership of the Association.

The reports of the secretary and the treasurer were received and placed on file.

The reports from the delegates from medical colleges and local societies was most encouraging, showing that the efforts of aggressive and persistent Hahnemannianism is being daily felt and appreciated in the ranks of the more liberal homœopaths.

Then followed the reports of the various bureaus—the real milk in the cocoanut. Most of the essayists were present, but even in cases of absence the papers, almost without exception, had been sent and were in most cases read. There were many points raised which are of vital importance to the busy practitioner and the discussions—the most valuable part of the proceeedings—were spirited and generally exhaustive, resulting in a comparison of practical results of straight homœopathic treatment which was deemed of great value by the participators and listeners.

The election of officers resulted as follows:

President, B. Fincke, M. D., Brooklyn, N. Y.; vice-president, Mary F. Taft, M. D., Newtonville, Mass.; secretary, E. E. Case, M. D., Hartford, Conn.; corresponding secretary, Wm. P. Wesselhœft, M. D., Boston, Mass.; treasurer, Franklin Powel, M. D., Chester, Penn.; board of censors, A. R. Morgan, M. D., Waterbury, Con.; C. W. Butler, M. D., Montclair, N. J.; Frederick O. Pease, M. D., Chicago, Ill.; Alice B. Campbell, M. D., Brooklyn, N. Y.; B. L. B. Baylies, M. D. (chairman), Brooklyn, N. Y.

The president appointed the following named as chairmen of bureaus for the ensuing year:

Homœopathic philosophy, J. H. Allen, M. D., Logansport, Ind.; materia medica, A. G. Allan, M. D., New York city; clinical medicine, Annie L. Geddes, Glen Ridge, N. Y.; surgery, Howard Crutcher, M. D., Chicago, Ill.; obstetrics, Julia M. Plummer, M. D., Boston, Mass.

It was a most enjoyable meeting and amply repaid the trip. Watch Hill makes an ideal meeting place for the Association and the Ocean House is so nearly surrounded by water that the visitor almost has the sensation of being at sea. It is cooler

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than at Newport, freer from the "madding crowd," and altogether a capital place for a summer vacation. The Association is the hardest working medical body in the United States and the harmony and good fellowship so noticeable in its meetings leave behind a most pleasant recollection of each annual session. Even the election of officers, *mirabile dictu*, took place without the slightest friction, the ballot being cast in toto in each instance by the secretary. Among those present we noticed Drs. A. G. Allan, N. Y., J. H. Allen, Logansport, Ind.; B. L. B. Baylies, New York; J. B. Bell, Boston; Clarence W. Butler, Montclair, N. J.; Alice B. Campbell, Brooklyn, Allen B. Carr, Rochester; E. E. Case, Hartford; Howard Crutcher, Chicago; J. B. G. Custis, Washington; B. Fincke, Brooklyn; Anna L. Geddes, Glen Ridge, N. Y.; E. P. Gregory, Bridgeport, Conn.; Caroline E. Hastings, Boston; T. S. Hoyne, Chicago; A. R. Morgan, Waterbury, Conn.; W. L. Morgan, Baltimore; Fdk. W. Payne, Boston; H. W. Pierson, Chicago; Julia M. Plummer, Boston; Mary F. Taft, Newtonville, Mass.; Wm. P. Wesselhœft, Boston; C. M. Boger, Parkersburg, W. Va.; Grace C. Pulver, Torrington, Conn.; — Campbell, Brooklyn; A. F. Shapleigh, Boston; W. W. Stafford, Chicago.

The magnificent location, the cordial hospitality of mine host of the Ocean House, the beautiful cool June weather, the valuable papers and discussions and the universal harmony and good fellowship shall unite to make the meeting at Watch Hill one long to be remembered by the members of the International Hahnemannian Association. Adjourned to meet at Detroit, Mich., next year.

AMERICAN INSTITUTE NOTES.

About 330 members were present at the meeting, about one-tenth being from Chicago. Eastern members attend in greater numbers when the meetings are far distant.

The bureau of materia medica furnished some excellent papers showing that true homeopathy is not dead yet. As these papers will be published in the transactions it is unnecessary to do more than refer to them by title.

A Visible Materia Medica, by Frank Kraft, M.D., Cleveland,

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O.; Remarks on Eight New Provings of Hypericum, by George Royal, M.D., Des Moines, Ia.; The use of the Nosodes, is it Homœopathy? by C. W. Eaton, M.D., Des Moines, Ia.; Nosodes and Their Uses, by Horace P. Holmes, M.D., Omaha, Neb.; Some Similia Similes, by L. C. McElwee, M.D., St. Louis, Mo.; Our Unjustness to Homœopathy, by Eldridge C. Price, M.D., Baltimore, Md.; A Rational View of the Potency Question, by W. J. Hawkes, M. D., Chicago, Ill.; The Law of Dose, by C. B. Gilbert, M.D., Washington, D. C.; The Point of View, by F. B. Percy, M.D., Brookline, Mass.; Does the Symptomatology of Disease Furnish the True Indications for Treatment? by A. W. Woodward, M.D., Chicago, Ill.; A Comparison of Rhus toxicodendron and Rhus radicans, by H. C. Allen, M.D., Chicago, Ill.; Baryta Iodide, by J. C. Fahnestock, M.D., Piqua, O.; Ipecacuanha in Gall Stone Pains, by Nancy T. Williams, M.D., Augusta, Me.; A Study of the Metals, Analytical and Comparative, by A. L. Monroe, M.D., Louisville, Ky.; Bovista, by S. F. Shannon, M.D., Denver, Colo.; Heloderma Horrida in Heart Failure, by Robt. Boocock, M.D., Brooklyn, N. Y.; Upon the Reform of the Materia Medica, by Dr. Carl Bojanus, Samara, Russia; Natrum Nitricum, by Dr. C. G. Puhlmann, Leipzig, Germany.

Such a bill of fare is varied enough for every taste.

The scattering of the members at the various hotels made it difficult to promptly inform physicians of changes in hours of program, etc. And the church was a long way off, where mail was distributed.

THE GLANDS OF MORGAGNI.

J. B. S. KING.

Mrs. J. W., aged 38, blond, of spare build, with sallow complexion, dark rings under eyes, and other evidences of chronic ill-health, came to me for hoarseness, the result of a recent cold. Hoarseness, with feeling of dryness in throat. Toward evening a series of nervous contractions of throat, very disagreeable, would come on. Slight cough with expectoration of phlegm, containing small globules of hardened or inspissated secretion; frequent clearing the throat, with same result as above.

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The peculiar symptom of expectoration of phlegm containing hard lumps or flocculi of inspissated secretion when combined with persistent hoarseness, with little or no cough, is due to inflammation of the sacculi laryngis, and comes from the glands of Morgagni in those pouches.

Similar lumps of inspissated secretion come from the tonsils, and occasionally, perhaps from the pharynx. But they may be distinguished from those coming from the sacculus laryngis by their comparative hardness and dryness, and by the absence of the concomitant symptoms of hoarseness, and of the enveloping mucus.

Agaricus Muscarius is a remedy that nicely meets this condition both pathologically and symptomatically. It was accordingly given in the 30th potency with very prompt relief. The chronic condition of the patient was not modified in the least by the Agaricus. For this Secale Cornutum was subsequently prescribed. The result not being as yet known.

REAL MEAN THINGS!

At the Newport meeting of the American Institute of Homœopathy, the editors of the various Homœopathic medical journals were called together for the purpose of forming a journalistic club. Objections were made to THE MEDICAL VISITOR by an alleged journalist, who has been floating around the country for some years and is now temporarily residing in Chicago, because no one connected with the staff of THE MEDICAL VISITOR was a member of the Institute; and these objections were sustained, thus exhibiting an amount of intolerance and bigotry far exceeding that practiced by editors of the regular school, who have admitted THE MEDICAL VISITOR and other Homœopathic journals to the American Publishing Association.

The unparalleled success of this journal has had much to do with this aside from the natural congenital antagonism of the aforesaid floating journalist, and his inveterate opposition to all orderly and decent things. It can and should be stated fairly that neither the editor, assistant editor, nor, as a rule, the contributors to THE MEDICAL VISITOR are members of the American Institute. The membership of the Institute can be num-

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bered by the hundred—the physicians who are not members by the thousand, and it is to these thousands outside the Institute, as well as to the hundreds in it, that THE MEDICAL VISITOR must, in the future, as in the past, cater.

The journalistic club was formed for the sole purpose of booming the Institute right or wrong, and inducing physicians to join—a worthy object, but would it not be just as well to kindly solicit doctors to unite with them instead of grabbing them by the collar and clubbing them into submission.

The Journalistic Club has pledged itself, and will not even publish news that is detrimental to the Institute. THE MEDICAL VISITOR is independent of this league, and hence at liberty to publish anything that is likely to interest its readers. Some physicians prefer hide-bound journals—others, with greater intelligence, endorse those that are independent of cliques.

CORRESPONDENCE.

Editor The Medical Visitor:

DEAR SIR: The World's Congress of Medico-Climatology was formed and made a permanent organization during the World's Columbian Exhibition held at Chicago in 1893. It is our intention now to do real active work in investigating the various climates and waters of this country, for the benefit of the medical profession. Conventions will be held from time to time in various sections of the country, at which times a systematic study will be made by physicians in attendance and full reports given to the profession through the official paper of the association, "The Journal of Diagnosis and Climatology," and other medical journals. These reports will be rigidly unbiased and the therapeutical value of points investigated will be carefully noted as relating to diseases in general.

These reports will be preserved and published in book form in due time. No partiality will be shown to any particular place or section. We are anxious to secure the co-operation of the medical profession everywhere and to this end we will most respectfully ask the aid and co-operation of all medical magazines and trust they will kindly favor us in every way that may seem consistent. During the conventions to be held from time to

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time each year in various parts of the country, we expect to secure very low rates on the railroads and at hotels, so that physicians can attend and, when desired, take their families. Practitioners will find it greatly to their advantage to join this association, as it is our intention, as soon as our membership is large enough, to arrange for special low rates for our members at any time they wish to travel, on the card or certificate plan, and also to arrange for materially reduced rates for physicians and their families at resort hotels. The names of the officers connected with the association are a sufficient guarantee as to its professional standing. All physicians who are interested in the study of climatology are requested to send their names and addresses to the undersigned. Will you kindly give this space in your valuable journal or call editorial attention to it. There are no emoluments connected with the organization, the work being done voluntarily by the active officers of the association for the good of the profession at large. The membership fee for five years from May, 1893, is only $5.00, which amount will be used strictly to pay actual necessary expenses, for stationery, printing, etc.

All letters of inquiry will be cheerfully and promptly answered. Very respectfully,

W. S. ROWLEY,
Corresponding Secretary,
The World's Congress of Medico-Climatology.

CHICAGO, July 3, 1895. (per S.)

BOOKS.

A Manual of Genito-Urinary and Venereal Diseases, by Bukk G. Carleton, M. D., with Venereal Diseases of the Eye, by Charles Deady, M. D., and Vesical Calculus and External Urethrotomy, by Wm. Francis Honan, M. D. New York. Boerike, Runyon & Ernesty. 1895.

The learning and capability of the author or authors of this work is evident, as the reader will discover, on every page. It is well illustrated, it gives full, yet succinct, descriptions of the mechanical and operative treatment so often necessary in the class of cases considered, and yet it is not at all weak in its homœopathic therapeutics. It is one of the few books of our

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school, that, like Wood's Diseases of Women, leaves nothing to be desired therapeutically, and, at the same time, stands abreast or a little ahead, of the best works of the old school in its mechanical and surgical parts. K.

Circular on the care and disposition of persons found unconscious on the streets or elsewhere. Prepared by a special committee of the Medical Society of the County of Kings, N. Y. Reprint from *The Brooklyn Med. Journ.*

Report of the Supreme Medical Examiner, presented to the Supreme Lodge, A. O. U. W., at its session held in Chicago, Ill., June 11, 1895.

Power and Wealth of the United States. By Michael G. Mulhall, F. S. S. Reprint from *The North American Rev.*

Seventh Annual Report St. Elizabeth Hospital, Chicago.

GOSSIP.

Dr. Sheldon Leavitt, who has been spending the past three months with the surgeons of Europe, returned July 16th.

Dr. Charles Adams announces that hereafter his practice will be limited to surgery and consultations. Office Central Music Hall ; residence Kenilworth, Ill.

Dr. R. B. Johnstone, professor of institutes and practice of medicine in the National Homœopathic Medical College of Washington, D. C., will remove from Baltimore to Washington August 1 to take charge of the college clinics and practice his specialty, that of chronic diseases. Dr. Johnstone is considered a thorough homœopath, a close prescriber and a conscientious follower of the law, and no professor of institutes of homœopathy will do more in spreading the truths of our system of medicine.

THE WORM TURNS.—The most unreasonable being is the one who annually finds fault with the compiler of a medical directory because his address is incorrectly given, when after ample and repeated notice, he had not taken the trouble to notify the said compiler that he had changed it. The aforesaid disgruntled mortal should realize that he does not occupy the same relation

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to the public that the president of this great and glorious republic does and therefore his movements are not as well advertised. —*N. A. Journ. of Homœop.*

Dr. Arthur Reynolds, late health commissioner of Chicago, has issued his annual report showing the death rate for 1894 was only 15.24, the lowest rate ever recorded. It is unfortunate that a politician (not a doctor) now occupies the position of health commissioner.

The various college announcements are arriving daily. The following have been received up to this time:

Medical department, University of Tenn.
Bellevue Hospital Medical College, N. Y.
Gross Medical College, Denver, Colo.
Eclectic Medical Institute, Cincinnati.
Central Tenn. College, Nashville.
Baltimore Medical College.
Hahnemann Hospital College of San Francisco.

RECENT DEATHS.

Dr. Samuel R. Rittenhouse, a well known physician of Reading, Pa., died June 26, in the 63d year of his age. He graduated from the university of Pennsylvania in 1853, practiced medicine in Berks and Lehigh counties, came to Reading twenty-seven years ago, and was a member of the Homœopathic Society of Pennsylvania, the Hahnemann Medical Society of Reading, and the Reading Society of Natural Sciences.

Dr. Henry Minton, of Brooklyn, N. Y., died June 1. He had practiced 42 years.

PRESTO! CHANGE!

The officers of the Hering Medical College were surprised on their return from the east to find that the minority of the faculty, working in an underhanded method upon the trustees, had bounced them. Well, let the minority run the institution, as the majority (ten in number) are now all out.

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PROFESSOR HEBRA, of Vienna, who is accounted the greatest authority of his century, insists that the sun does not produce freckles. He says: "It is a fact that lentigo (freckles) neither appear in the newly born nor in children under the age of six or eight years, whether they run about the whole day in the open air and exposure to the bronzing influence of the sun or whether they remain confined to the darkest room. It is, therefore, certain that neither light nor air nor warmth produces such spots in children.

DIPHTHERIA ANTITOXIN.—When this remedy was introduced it was alleged that the mortality from diptheria would be reduced nine-tenths.

The optimists in the profession seized upon this remedy with their usual avidity. Great confusion exists among the observers and the number of optimists is daily decreasing.

Many observers assure us that the remedy does not check the disease locally, but that their cases grew worse. The temerity of Dr. Behring in founding such a hypothetical structure upon the basis of experiments performed upon only forty-four animals is equalled only by the absurd eagerness with which this untried remedy was seized upon and used by American physicians.—*Colo. Climatologist.*

THE THERAPEUTIC ACTION OF CHLOROFORM IN PARTURITION.—At the recent meeting of the American Medical Association Bedford Brown (Med. News, May 18) read a paper on the use of chloroform in labor. He said that in all ligature there are reported not more than 40 cases of death from chloroform in labor. He had used the anesthetic, given every half hour for from 20 to 40 hours, without any trouble following. He had seen profound chloroform narcosis in obstetrics lasting for three or four hours without grave effects. He objected, however, to the careless use of the anesthetic. The alteration in the vasomotor system of a pregnant woman enabled her to resist the toxic action of chloroform to this wonderful extent. Was the use of chloroform in labor for the relief of pain alone justifiable? He believed it was not only justifiable, but that it would be inhuman to withhold it. At what stage of parturition was chloroform applicable? For pain in any stage in small quantities. To remove muscular rigidity of the cervix or perineum a larger quantity was required, until there followed complete muscular relaxation. Did chloroform tend to prevent uterine contractions? If given in sufficient quantity it would do this. Did its use tend to promote hemorrhage? He had never seen a greater tendency to hemorrhage after than without its use. In 2000 cases of labor which he had attended he had given chloroform in 1500 without ill effects following.—*Times and Register.*

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LIST OF HOMŒOPATHIC PHYSICIANS.

MICHIGAN.

Adams, A. L., Flint
Adams, F. B., Plymouth
Aiken, D. E., Muskegon
Alderton, H. F., Deckerville
Allen, G. G., Portland
Allen, S. J., Charlotte
Allen, T. R , Ionia
Allye, Phoebe, Grand Rapids
Ambrose, A. L , Hanover
Anderson, B. B., Jackson
Andrews, G. R., Leroy
Avery, A. B., Parma
Avery, J. C., Vassar
Ayres, J. N., Kalamazoo
Ayres, J. S., Kalamazoo

Babbington, J., Corunna
Backus, Annie E., Adrian
Bacon, V. V., Dorr
Bagler, E. A., Alma
Bailey, G. L., Buchanan
Bailey, N. H., Morenci
Bailey, W. M., Detroit
Baker, H. N., Flint
Baker, T., Union City
Baker, Geo., Hopkins Station
Baldwin, Newton, Coldwater
Baldwin, L., Maybee
Balyeat, E. A., Kalamazoo
Ball, H. B., Jackson
Ball, A. R., Corunna
Barber, C. H., Hastings
Barber, H. A., Hastings
Barker, C. F., Manistee
Barker, Mrs. C. F., Manistee
Bartholomew, D. D., Holly
Bartlett, H. H., Leslie
Bartlett- Jane, Detroit
Barton, W. R., Ypsilanti
Bastar, W. C., Benton Harbor
Bathrick, F. W., Battle Creek
Bean, W. F., Ludington
Beckwith, E. F., Ionia
Bell, William, Smyrna
Bennett, D. M., Port Huron
Bennett, S. H., Mendon
Benedict, T. M., Greenville
Bently, Isaac, Detroit
Berwick, F. H., Buchanan
Best, L. E., Grand Rapids
Black, C. D., Akron
Blatchford, Geo., Clinton
Bliss, G. E., Maple Rapids
Bodle, A. T., Bellaire
Booth, H. W., West Branch
Boyce, C. O., Marquette
Boyce, H. P., Cheboygan
Boyd, J. J., Hartland
Brab, Alice, Romeo
Bradt, Geo. H., Detroit
Brigham, H. C., Grand Rapids
Broderick, H. M., Buchanan
Brooks, E. D., Flushing
Brooks, W. F., Grand Rapids
Browne, H. E., Stockbridge
Brownell, W. C., Morrice
Brucker, C. H., Lansing
Buckley, E. P., Litchfield
Bumpus, P. H., Parma
Buskirk, T. C., Ostemo
Burton, C. S., Hastings
Burton, W. R., Ypsilanti
Butts, Mrs. L. M., Grand Rapids

Campbell, W. S., Detroit
Caron, Geo. G., Detroit
Carpenter, H. C.. Woodland
Case, H. R., Grand Blanc
Canlon, W. C., Mayville
Chamberlain, N. H., Ann Arbor
Chase, E. F., Dexter
Chase, G. M., Traverse City
Chase, S. F., Caro
Cheney, W. W., Detroit
Clark, E. A., Ann Arbor
Clark, W. D., Richmond
Clark, W. E., Three Rivers
Clemo, W. C., Bad Axe
Cleveland, B. L., Flint
Coffin, C. M., Medina
Colburn, C. A., Homer
Cole, Sarah A , Port Austin
Coleman, R. W., Cadillac
Collins, W. W., Albion

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Connor, V. W., Lansing
Cooper, W. D., Lansing
Copeland, R. S., Bay City
Cornell, A. B., Kalamazoo
Cotton, W. A., Escanaba
Covey, C. E., Port Huron
Covey, C. J., Grand Ledge
Covil, P., Belding
Cowel, J. H., Saginaw
Cramer, C. W., Pentwater
Crandell, W. A., Sturgis
Criswell, M. H., Edwardsburg
Crosby, C. R., Cannonsburgh
Cross, J. A., Vicksburg
Crumrine, C. G., Battle Creek
Cummings, E. H., Grand Rapids
Cunningham, W. C., Alpena
Cunningham, Walter, Bay City
Cunningham, William, Bay City
Curtiss, A., Big Rapids

Dale, C. H., Springport
Danforth, Mary, Muskegon
Davison, Rachel J., Flint
Dawe, D., Monroe
Defendorf, B., Fowlerville
Defendorf, J. J., Ionia
De Cow, J., Orion
De Lano, William, Grand Rapids
De May, J. H., Jackson
De Puy, N. J., Parma
Dennis, J. D., Williamston
Dickinson, H. W., Bay City
Dodge, J. B., St. Johns
Dresser, F. E., St. Ignace
Durkee, E. M., Detroit

Eggemann, C. R., Detroit
Ehle, G. E., Dorr
Elblein, A. R., Detroit
Ellis, E. R., Detroit
Elms, J. K., Traverse
Evans, A. J., Grand Rapids
Everett, Mary H., Hillsdale

Fanning, W. H., Lapeer
Farnsworth, W. A., Petoskey
Ferguson, A. F., Okemos
Ferguson, J. W., Okemos
Field, G. T., Chase
Fish, E., Greenville
Fisher, J. S., Owosso
Fitzgerald, Charlotte, Ann Arbor
Folsom, E. G., Mt. Clemens
Foote, D., Leonidas
Foster, H. E., Wayne
Foster, H. L., Reed City
Fowle, O., Moscow
Fowler, W. H., W. Bay City
Fowler, W. N., Bay City
Frazer, A., Ypsilanti
Freemyer, G. L., Eau Clair
Frost, W. A., Tecumseh
Fuller, E. C., Pontiac

Gallup, L. E., Marshall
Gambel, E. F., Tecumseh
Garber, H. J., Bay City
Gardner, H. S., Cedar Springs
Garland, Ann, Bay City
Garwood, V. D., Ann Arbor
Gesler, A. E., Saranac
Gesler, V. C. A., Saranac
Gibson, W. A., Jackson
Gilbert, A., Bay City
Gilbert, N. R., Bay City
Ginley, J. H., Coopersville
Goddard, T. S., Saginaw
Godfrey, E. L. Colon
Godfrey, L. M., Colon
Gooding, Mrs. A. S., Owosso
Graham, A. H., Detroit
Graham, M., Jonesville
Grant, A. B., Ionia
Greiner, Karl, Lisbon
Green, G. D., Mason
Green, Julia P., Adrian
Gregory, G. P., Lapeer
Griffin, J. M., Detroit
Griswold, W. H., Grand Rapids
Gue, A. E., Detroit
Gunnison, N. P., Ludington
Gustin, R. E., Detroit

Hadden, S. W., Marine City
Hall, J. V. N., Gobleville
Halleck, Bina, W. Bay City
Hammond, L. C., Bay City
Hanlon, A., Middleville
Harder, J. C., North Newburg
Harrington, K. B., St. Louis
Hartson, O. S., Jackson
Haskins, L. E., Alaska
Hathaway, G. W., Lapeer
Havens, M. P., St. Johns
Havens, William, St. Johns
Hawley, C. W., Plainwell
Hayward, A., Mt. Clemens
Hayward, Alice J., Mt. Clemens
Hazen, L. P., Grand Rapids
Henderson, S. J., Bad Axe
Hendrick, A. W., Paw Paw
Herkimer, G. R., Dowagiac
Hicks, T. H., Detroit
Hillyer, F. L., Grand Rapids
Hinman, C. V., Bellaire
Hinman, S. D., Sparta
Hoag, F. L., Grand Rapids
Hogue, I. R., Jackson
Hoffman, A. E., Ludington

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Hoskinson, W. N., Sturgis
Houghton, W. F., Lansing
House, W. V., Detour
Howe, L. A., Breckenridge
Hull, H. D., Bellevue
Hunt, DeF., Grand Rapids
Hunt. M. P., Ann Arbor
Huntington, W., Howell
Huntley, F. V., Manton
Hyde, J. R., Eaton Rapids
Hyde, R. J., Eaton Rapids
Hynes, F. R., Allegan

Jackson, T. J., Milford
Jenkins, C. G., Mason
Jewett, J. R., Lyons
Jewett, W. E., Adrian
Johnson, S. A., Kalkaska
Johnson, A. S., Battle Creek
Johnson, N., Bay City
Jones, L. M., Brooklyn
Jones, O. Q., Tecumseh
Jones, S. A., Ann Arbor
Judson, J. B., Springport

Kemberling, I. O., Detroit
Keeler, E. B., Richmond
King, B. D., Muskegon
Kirkland, C. W., Pinckney
Kirkland, J. W., Lakeview
Kishpaugh, G. W., Holloway
Knapp, W. B., Grand Rapids
Knapp, B. S., Owosso
Knapp, C. E., Maple Rapids
Knapp, E. R., Saginaw
Knapp, M. E., Detroit
Knapp, R. E., Port Huron
Knapp, L. E., Fenton
Knight, M. M., Buchanan
Knight, S. H., Detroit
Knowles. G. F., Manistee

Lamoreaux, J., Whitehall
Landon, C. C., Battle Creek
Lang, Otto, Detroit
Lards, C. H., Adrian
Lathrop, C. P., Hastings
Lathrop, E. H., Hastings
Lawbaugh, A. I., Opechee
Lawson, B. H., Detroit
Leevanway, C. L., Battle Creek
LeFevre, Geo., Muskegon
LeFevre, F., Charlevoix
Legge, F. G., Allen
Leighton, J. A., Otsego Lake
Lenfesty, J. A., Mt. Clemens
Leonardson, A. V., Owosso
Leseure, O., Detroit
Lewis, E. E., Port Huron
Lewis, R. M., Saginaw
Littler, C. A., Jackson
Locke, D. A., Lansing
Lodge, Edwin, Detroit
Lodge, Albert, Detroit
Lodge, E. A., Jr., Milford
Long, C. B., Mendon
Long, D., Detroit
Long, J. M., Coldwater
Long, O. R., Ionia
Loomis, D. D., Bay City
Losee, J. W., Pontiac
Ludlum, L. O., Ovid
Lutton, R. M., Grand Rapids
Lynch, J. A., Manchester

Mack, C. S . Ann Arbor
Markham, R. C., Marquette
Markham, Mrs. R. C., Marquette
Marsh, F. E., Quincy
Marsh, H. W., Detroit
Marshall, E. J., Marshall
Marvin, L. D., Grand Rapids
Marvin, A. D., Grand Rapids
Marvin, L. R., Muskegon
Massey, N. M., Newaygo
Matthews, Wm., Holt
Matthews, W. B., Grand Rapids
McAndrews, Helen, Ypsilanti
McCandless, A. M., Sault Ste. Marie
McCandless, F., Ithaca
McGuire, J. F., Alpena
McLaclin, D. A., Ann Arbor
McLaren, W. R . Detroit
McLinn, L. L., St. Joseph
Mead, C. H., Olivet
Mera, H. P., Detroit
Meredith, W. C., Caro
Miller, C. C., Detroit
Miller, H. L., Otsego
Mills, W. J., Howell
Mills, W. R., Hartford
Milner, S. G., Grand Rapids
Moll, T. M., Detroit
Moore, S. M., Battle Creek
Morley, C. S., Detroit
Morris, I. S.. Lee's Corners
Mowry, H. P., Bronson
Mudge, D. W., Chesaning
Munger, J. A., Freelands
Myers, J. H., Leslie

Nelles, A. B., Bay City
Nitteraurer, J. S., Ontonagon
Norris, M. W., Grand Rapids
Nottingham, D. M., Lansing
Nottingham, J. C., Bay City
Noyes, F., North Adams
Nunn, J. R., Port Huron

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Obetz, H. L., Detroit
Odell, C. M., Paw Paw
Ohlinger, I., Belding
Oldfield, H. V., Detroit
Olin, R. C., Detroit
Oliver, T. H., Detroit
Oliver, W. A., Camden
Orleman, Mrs C. L., Detroit

Palmer, F. E., Albion
Palmer, Mrs. F. E , Albion
Parmater, N. L., Gaylord
Pasco, M. H., Cannonsburg
Patterson, M. A., Northville
Pattison, Wm., Ypsilanti
Pearsall, P. W., No Muskegon
Peck, F. J., Ann Arbor
Perenond, P. A., Ionia
Pengelly, R., Kalamazoo
Pennock, J. W., Gladstone
Peterman, S. A., Marshall
Phelps, ——— Cheboygan
Phelps, L. E., Lansing
Piersol. J. K., Adrian
Polgase, W. A., Detroit
Porter, James, Oxford
Porter, M., Pinconning
Porter, Phil, Detroit
Potter, T. O., Fife Lake
Post, E. J., Gobleville
Pratt, O. E., Ypsilanti
Prindle, C. W., Grand Rapids
Prindle, ——— ,Menominee
Pringle, G. W., Midland
Pullen, Chas. D., Mt. Pleasant
Pullen, C. C., Mt. Pleasant

Ramsdell, O. L., Petoskey
Rand, G. T., Charlotte
Randall, A. F., Port Huron
Randal, G. V. N., Mulliken
Rawson, E., Battle Creek
Reeves, M, C., Ann Arbor
Reynolds, H. B., Escanaba
Reynolds, J. N., Grand Haven
Reynolds, J C., Battle Creek
Rich, F., Manistee
Roberts, W. F., Marshall
Robertson, G. A., Battle Creek
Rockwell, G. M., Battle Creek
Rockwith, F. A., Saginaw
Rollman, J. C., Burr Oak
Rorabacher, M., Battle Creek
Rose, Paul, Flint
Ross, W. H, Grand Rapids
Ruckle, John, Saginaw
Rudy, R. C., Detroit
Ruffle, A. L., Grand Rapids
Ruggles, F. S., Byron
Ryno, E. H., Wayland

Sabin, B. E., Church's Corners
Sage, N. L., Detroit
Sanford, F. C., Clare
Sanford, Geo. E., York
Sawyer, W. H., Hillsdale
Saxton, A. W., Henrietta
Schaberg, H. H., Kalamazoo.
Scribner, C. A., Delton
Sears, C, S., Quincy
Secrist, W. A., Alpena
Shank, L. H., Empire
Shank, J. R., Kalmo
Shaw, E. F., Williamston
Shaw, Wm. H., Constantine
Sherman, N. B., Kalamazoo
Sherman, W. F., Kalamazoo
Siegfried, J. P., White Pigeon
Sill, Joseph, Kalamazoo
Simmons, R., DeWitt
Simmons, W., Center Line
Sinclair, M.C., Grand Rapids
Sinclair, D. S., Grand Rapids
Slack, W. L., Saginaw
Slich, A. F., Lambertsville
Small, J. W., Alpena
Smith, C., Portland
Smith, C. C. Bedford
Smith, Dean F, Jackson
Smith, E., Judd's Corner
Smith, J. E., Jackson
Smith, T., Newaygo
Smith, Virginia F., Detroit
Smith, S. J., Akron
Smith, S. P., Grand Rapids
Smith, Geo. N., Grand Rapids
Snell, C. S., Vermontville
Snell, F. L., Lansing
Snell, L. A., Charlotte
Snyder, W. C., Horton
Soans, P., Detroit
Sovereen, F. S., Evart
Spaulding, C. W., Dowagiac
Spencer, G. M., Grattan
Spinney, A. B., Detroit
Spinney, H. A., Detroit
Spinning, J. O., Litchfield
Spranger, F. X., and F. X., Jr., M. J., N. M., Detroit
Sprague, Mrs. H. J., St. Johns
Stafford, C. E., Blissfield
Stapleton, J. S., Cassopolis
Steele, Jason, Detroit
Stevens, Mary, Detroit
Stephenson, J. R., Grand Rapids
Stephenson, O. M., Port Huron
Stephenson, H. C., Grand Rapids
Sterling, C F., Detroit
Stoner, J. J., Mt. Pleasant
Stringham, J. A., Carson City
Sunderlin, L. D., Pewamo

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Sweet, C. F., Shelby
Sylvester, W, O., Detroit

Taylor. B., Menominee
Taylor, Lewis, Flushing
Tedman, S. J., Summit City
Thatcher, F. F., Grayling
Thatcher, H. C. Grayling
Thompson, A. H., Lapeer
Thompson, C. L., Muskegon
Timmerman, F. R., Hastings
Totten, James. Howard City
Town, S, P., Jackson
Townsend, Geo. S., Six Lakes
Towsley, G. G. Lowell
Tracy, G. A., Blissfield
Tracy, S. P., Sault Ste. Marie
Traver, N. H., Lewiston
Turbett, S. O., Palmyra
Turner, T. H., Farmington
Tuthill, F. S., Concord
Tuttle, L. M., Belding
Tyler, Dean, Ann Arbor
Tyler, F. H., Kalamazoo
Tyler, W. I., Niles

Ullery, A. O., Niles

Van Avery, A., Onondaga
Van Horn, L. T., Homer
Van Vleck, P. H., Sturgis
Vanande, W. E., Sunfield
Van Ness, E., Gobleville
Vincent, C. H., Applegate
Vincent, Geo. C., Deckerville
Vollmer, J. C., Port Huron
Voorheis, I., Frankfort

Walker, A. L., Salem
Walker, J. A., Salem
Walline, M. T.. Northville
Walsh, C. A., Bay City
Waring, George E., West Sebawa
Warren, H. M., Jonesville
Wattles, J. A.. Battle Creek
Watson, C. M., Lansing
Watson, W. W., Grand Ledge
Webster, A. M., Grand Rapids
Webster, A. N., Au Sable
Webster, J. E., Big Prairie
Wells, W. C., Hesperia
Wetmore, J. D.. Holland
Whelock, J. C., Bancroft
Wheeler, A. R., St. Louis
Whitney, W. A , Big Rapids
Willard, Mary A., Detroit
Willison, C., Detroit
Willett, Geo., Sand Lake
Wolf, W., Grand Rapids
Woolsey, Ida, Ann Arbor
Worden, V. H., Brinton
Wright, F, M., Athens

Young, Eliza, Grand Rapids
Younghusband, L., Detroit

CLIPPINGS.

THE KNIFE.—Every branch of practice, at times, seems to take up nearly all the attention of the profession. Surgery, of late years, has enjoyed a very large monopoly of the space in medical publications.

If any one will take the trouble to look over the programs of the various medical societies it will appear certain that there is a falling off in surgical papers this season. This condition is markedly true of the late sessions of the societies of Montana, Washington and Oregon. It looks as though the general practitioner is returning to his first love—the science of medicine—leaving to specialists, in a larger degree, the practice of surgery.

At the Montana meeting there was not a surgical paper read. In Washington, out of twenty papers, operative surgery was covered by three only, although minor surgery furnished two papers. Oregon furnished but four or five surgical papers, and these touched more upon pathology than surgery proper.—*Med. Sentinel.*

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The Medical Visitor.

A MEDICAL NEWSPAPER.

[Entered at the Lansing, Michigan, Postoffice as second-class matter.]

VOL. XI. SEPTEMBER, 1895. No. 9

HOW TO STUDY MATERIA MEDICA.

BY T. C. DUNCAN, M. D., CHICAGO.

I have found fault with much of the teaching and so-called study of materia medica, that is, in its application that is presented to us. Materia medica is a science by itself, just as hygiene or physiology is separate from anatomy.

Did you ever prove a remedy? If not, try a dose of something. I have a cactus that blossoms every year. It drives me out of the room. A blonde, intelligent lady student nurse was amused at the idea while talking with her in the room one night as it was blossoming. She asked me to repeat what was said. That she did not hear distinctly; her own voice sounded hollow; that her head began to feel as if she had taken 20 grains of Quinine; she had a fullness of the temples and began to feel silly. Is it possible that it is the effect of the aroma of the cactus grandiflora. She now felt dizzy, short of breath, and before she left felt the fullness in the back of the head. All of this occurred within, say two hours, while watching this wonderful flower unfold. My oppression of breathing and rapid action of the heart had given place to a stupid, full feeling and drowsiness.

She at once, you see, compared the primary head effects of Cactus with those of Quinine. The key to the study of remedy is comparison. It may be new to compare Cactus to Quinine. Most would think its more remote effects when the hyperæmia

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extends down to the cardiac ganglia and gives us "the grasp of the iron hand" on the heart, or cardiac spasm, angina pectoris. Now, I suppose that word or disease expression has sent off many a reader's mind to a therapeutic application. We are all great on the application, without half knowing what to apply and when.

Let us return to the cactus effects. Yes, one will say, and study the natural development of the pathogenesis. The oppression of breathing was the first effect I noticed. She first noticed the hardness of hearing, but there was no noises, only the voice sounded distant. There was both indistinct hearing and dullness of conception. She was a blonde, sanguine-nervous temperament; I, a bilious-lymphatic. In her case the cerebral hyperæmia went backward and she felt silly. I, in my case the hyperæmia also went backward and produced venous stasis and sleepiness. Neither of us pushed the remedy as far as some provers have, until the cardiac symptoms appear in the spasmodic form. In my case I always sleep heavy and awake with a feeling as if I had been drinking. I have experienced these effects of cactus every year for fifteen years, and always the same train of symptoms. The dyspnœa is sometimes very much worse than other years, depending entirely upon how much I am in the room. The dyspnœa, rapid action of the heart, fullness of head, are too uncomfortable to encourage. What more severe effects could be produced, I do not care to know personally. I am ready to believe all that is said about the effects of cactus.

I have tried it in the 3d x. in one of the worst cases of angina that I ever saw; a case where the allopath could only control the case with Chloroform and Morphine. Cactus not only controlled, stopped the fearful writhings and grasping at the chest of the unconscious man but made the attacks lighter and less frequent. I lost sight of him after he had gone three months without one. I introduce this simply to verify the provings of Cactus.

But to return to the study of materia medica. We see that while Cactus head symptoms and those of China correspond, that the rest of the action is divergent. Cactus has chills twice a day at the low ebb of Sulphur; 11 a. m. and 11 p. m. The coldness is confined to the extremities and back. The sympa-

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thetic system feels the effect of Cactus, while the cerebro-spinal feels the grip of China.

Hering compares Cactus with Aconite, Camphor and China which antidotes it. The genius of Cactus is sympathetic hyperæmia. The genius of Aconite is a hyperæsthesia, a cerebro-spinal anæmia, therefore antipodal. Camphor acts along the same line as Cactus, but below the belt chiefly. While these remedies are antidotal they are not strictly similar in their action. Remembering that feeling or sensation is the first and most wide awake, best developed sense, let us see the sensations in each.

Cactus sensations: "whole body feels as if charged, each wire being twisted tighter and tighter."

Camphor, sensations of "dryness all over the body, cramps all over."

Aconite, sensations of "coldness and retarded venous circulation; over-sensitiveness to pain; pains, especially at night, seem insufferable."

Cinchona, "pain in every joint; bones, periosteum as if strained; pains with lameness or weakness of affected parts; single parts feel pithy and numb."

Now let us look to the heart for an explanation. Cactus gives us "palpitation in its various phases," which rapid, forcible action would explain its sensations. The Aconite heart pump has also "palpitation with anxiety," also "with contracted pulse." The blood is sent inward rather than to the surface, which has hyperæsthesia rather than hyperæmia.

Cinchona has "palpitation" also, but "rush of blood to the face; pulse frequent, small, intermitting." The nutrition is involved in Cinchona.

Camphor has "trembling palpitation with anxiety;" pulse full, weak; prostration is its chief expression.

That may be too abstract for some. They will prefer to take the characteristics of Aconite, "feverish," "restless," "anxiety."

Then take the fever drugs,
Then take the restless drugs, } for comparison.
Then take the anxiety drugs,

The fever drugs are few while the feverish ones are many. Of the fever drugs Veratrum and Gels. stand most prominent.

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Belladonna and Baptisia secondary. Veratum has "*irritative fever* with cerebral congestions" causing convulsions in children. Convulsion in a child corresponds to a chill in an adult who will have "coldness of the whole body" then the irritative Veratum fever.

The Gelsemium fever is a low fever. The chills are *feeble* and the reaction sluggish. There is no anxiety nor restlessness so that the comparison with Aconite is not close. Belladonna has redness of the face, and delirium attacks come on suddenly and are of short duration, disappearing suddenly. The sudden appearance of the fever, confined chiefly to the face and head, distinguishes Belladonna.

The Baptisia is sluggish in coming on and there is a besotten expression.

Of the restless drugs Rhus and Arsenicum stand prominent. In Aconite the restlessness seems due to the apprehension while in Rhus there is a muscular relief in moving. In Arsenicum the restlessness is also caused by discomfort, but it is visceral instead of mental. There is in Arsenicum evidently a physical apprehension, but here we lack the outward expression of fever. The thirst for small quantities of water of Arsenicum shows a mucous feverishness.

The drugs that have anxiety are also few. Arsenicum we see has a systematic rather than mental anxiety.

This seems about all the list of drugs comparable with Aconite. We are told it antidotes the effects of Belladonna, Chamomilla, Coffea, Nux, Sepia, Sulphur and Veratum, to which it doubtless corresponds at some points, but not by its characteristics as given, except as already noted. It might surprise some to know that Teste groups Aconite with Cocculus, Chamomilla, Dulc. Cannabis and Conium.

It will be seen, therefore, that we can learn much of the position of other drugs to Aconite for example, if we employ either methods of comparison and perhaps more by both methods, and more still by a direct symptom comparison, for this is the crucial method after all, or proof of comparison in our well proven drugs.

This sort of drug study is the only way to learn or teach.

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Materia Medica it seems to me. We here, in this way, study drug action separate from application and learn as we learn special pathology disease, by comparison.

INJURY TO THE EYE FROM AMMONIA.

F. H. FOSTER, M. D., CHICAGO.

Some time ago there came under my care a lady, thirty-five years of age, who had been inhaling from a bottle of ammonia for the relief of a cold in the head. The vial contained four or more ounces of the liquid and a notch was cut in the cork to facilitate the inhalation. She was half reclining on a lounge with a book in one hand, and as she brought the vial to the nostrils the cork flew out with an explosive sound, and a considerable quantity of the liquid went into the left eye.

The skin of the eye lids and cheek was quite badly burned, and for a short time there was a severe pain in the eye. The eye was almost immediately washed out with milk, and vaselin was applied to both the cutaneous and mucous surfaces of the lids. The case was seen by the writer about twenty-four hours after the accident. She was still nervous and apprehensive from the shock, had slept very poorly, though after the first hour had suffered no pain. There was a moderate degree of swelling of the eyelids accompanied by some redness; she could open the eye without any assistance.

The ocular conjunctiva was pale and bloodless, but greatly swollen. It surrounded the cornea like a wall of chemosis and was evidently filled with serum; on being punctured considerable water flowed out and the swelling at once subsided. The cornea was clear and transparent and apparently uninjured, but was entirely devoid of sensibility. A little twist of cotton or paper could be drawn over its surface without causing the patient to wince or feel the slightest sensation. The pupil was not circular and was eccentrically situated; when atropia was applied it dilated into an eliptical shape; there did not appear to be any adhesions, yet this peculiar shape was maintained throughout the course of the disease. Vision was greatly impaired; she could see and recognize large objects, but nothing was very clear.

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An unfavorable prognosis was made, chiefly on account of the diminished sensitiveness of the cornea. Atropia in a one per cent solution was prescribed, also warm water compresses, the cloths being dipped in a saturated solution of boric acid. A small quantity of vaselin was introduced into the conjunctival sac, though after three or four days this was discontinued as there seemed to be no tendency to the formation of symblepharon. Perfect quiet was enjoined and the patient did not leave her room.

In a few days the conjunctiva became slightly injected and there was a little mucus secretion. The cornea maintained its transparency but did not regain any sensitiveness. This condition lasting for four weeks, some hopes were entertained of a possible recovery, when one day I discovered the cornea exhibiting a dull appearance with two or three minute points of infiltration near its center. It was evident that this was the beginning of the end, and it took but a few days to transform the whole membrane into a sloughing mass. The case terminated in bulbar atrophy.

The above case represents a class of injuries of a very serious nature; the prognosis becomes all the more grave because of the late appearance of the corneal complication. The simple inhalation of ammonia may give rise to a conjunctivitis of quite a severe type. Its use for the purpose of relieving cold in the head should be discouraged.

In a recent number of an ophthalmological journal* there is a report of several cases of injury to the eye from ammonia. A short quotation from one is subjoined, which illustrates how profound the injury is and how remote the consequences may be. The accident occured in a factory for the manufacture of ice. A pipe burst and the vapor escaped enveloping a workman for several minutes. "When the eyes were seen several hours hours later they resembled those of a cooked fish. The cornea was opaque, milky and indistinguishable from the sclerotic. I saw that the destruction had been complete and immediate; but what was my astonishment, on examining him the day after, to find that the appearance of the eye was due to a false membrane which covered all the occular surface, and which I was able to

*Annales D'Oculistique, January, 1895.

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remove with forceps. Underneath the cornea was apparently healthy. When this membraneous structure was removed the man cried out with joy that he could see. But his joy was of short duration. A few days later the lens commenced to swell and lose its transparency, and a double cataract similar to traumatic cataract was formed, which it was necessary to extract. Vision was again restored, but little by little the bulbar conjunctiva which had been destroyed by the chemical action of the ammonia, became transformed into cicatrical tissue. The corneas lost their transparency, and in the end, the man, despite all these experiences, became completely blind." The conclusions to be drawn from these cases are, "that the handling of liquid ammonia presents a danger so serious to the eyes that both physicians and the laity should be carefully warned. Burns from vapor of ammonia may lead to not only simple hyperæmia of the conjunctiva, but also to serious opacities of the cornea. Its progress is insidious, and the real gravity of the case cannot be determined till after several days of observation. An eye may seem to be almost intact in appearance, while in reality it is seriously compromised."

WHAT IS PHTHISIS PULMONALIS? IS IT A DISEASE OF THE LYMPHATIC SYSTEM?

BY T. C. DUNCAN, M. D..

The term consumption, like that of malaria, is used to cloak a great deal of ignorance. It is estimated that the mortality from this one disease, or so-called disease, during the census year of 1890 was 150,000, and that in the New England states one-quarter of the total mortality was from consumption. Why? We are told that the tubercular baccilli is the cause and "the key to the arrest and cure of pulmonary tuberculosis is to be sought in *nutrition*, local and general" (see July Brief, p. 872). If that is true, then we must turn our attention to the absorbent system. The most surely fatal form of tuberculosis is where the mesenteric glands are involved. This lymphatic system seems to receive the force of this disease and of all of the parts of the body this system is the least understood.

Why are some people spare? You cannot possibly feed them

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to get an ounce of extra fat. Like the Boston living skeleton, their lymphatic system is imperfectly developed. This lack may be in the reabsorbent part of the system, so that effused lymph is not reabsorbed. If the histology, physiology and pathology of this system were better understood more cases would get the proper food and curative treatment.

Why is consumption so prevalent and fatal in New England? Is it because the moist, cool air that is respired tends to overtax the ability of the lymphatics to reabsorb the effused bronchial mucus—and so overtaxed, that irritation, inflammation and breaking down of the glands follows? Is that the climatic factor as to causation? Again, why is it that the dry, rare air of New Mexico, for example, is so productive of recovery? Is it due to ozone? That we can easily generate, and could perhaps, cure these patients if we could also coop them up. But another factor arrests our attention. They must have sunshine; which element, the heat ray that is reflected by glass, the actinic or the electric ray that is reflected by zinc?

The element that cures is the one that increases nutrition. Yes, but nutrition of what? A consideration of that carries us to the very seat of the disease, and will help to settle the question whether this is a tubercular or glandular disease, and its varieties: catarrhal or fibrous.

100 State Street, Chicago.

WHAT DOES SURGERY MEAN?

BY HOWARD CRUTCHER, M.D., CHICAGO.

Case 1. During July I was called to see a lady aged 30 who had suffered from repeated attacks of appendicitis. She suspected ovarian disease in addition, but made it a condition that those organs were to be left alone. When I opened the abdomen over the site of the appendix a floating kidney met my finger. The appendix was found buried under a fibro-cystic ovary, deep in the pelvis. Keeping my promise to the letter, the appendix was removed and the worst pair of ovaries that I have examined in six months were left as a nidus for another laparotomy. The patient made a perfect recovery and left her

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room on the tenth day. She has since bitterly lamented the leaving of the ovaries.

Here, undoubtedly, was a case where good surgery was not done and could not be done on account of a foolish objection upon the part of the patient.

Case 2. I was called to the country to see a case of osteomyelitis of the left tibia. The leg was tremendously enlarged, but was discharging freely through two or three ample sinuses. Lying in the groin, attached to the sheath of the femoral vessels and obliterating the artery almost entirely below its site, was a sarcoma about twice as large as a goose egg. Having had some experience in removing malignant growths from the carotid, the axillary, and the femoral arteries, I decided that the task in hand was a very difficult and dangerous one, and that it was nothing short of surgical insanity to amputate a thigh slightly above the condyles and leave a deadly sarcoma where its early breaking down would mean certain death in short order. It may be stated in passing that the removal of such a growth from such a locality means much to the surgeon, something to the tumor, and nothing for the patient so far as prolonging his life is concerned. There were in this case grave constitutional symptoms present, and I advised the patient, his physicians, and his friends to *wait*.

A few days after my visit I learned that some gentleman of the old school had come in and amputated the thigh above the knee. There would have been some logical excuse for a hip-joint amputation, but the performance of the operation mentioned was a piece of idiocy that a riper knowledge of pathology would have prevented.

Here was a case, undoubtedly surgical in its character, where the knife were better withheld.

Case 3. A man aged 50 had been sick for a week with some form of intestinal obstruction. It was impossible to get anything through the alimentary canal. Enemata were of no avail. I was called and earnestly advised immediate laparotomy. It was perfectly plain that some grave mechanical condition existed, and this might have been relieved by operation. There certainly seemed to be no prospect of spontaneous relief. The patient wanted time to decide. Four days later he died. I do

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not know that surgery could have saved him. One thing is plain, it would have given him a chance which he threw away when he declined operation.

THE SELF-SACRIFICING PHARMACEUTICAL FIRMS.

BY J. B. S. KING, M.D.

One of the ennobling and inspiring things of this rushing commercial age is to see the solicitude and care taken by various large commercial firms, that the education of physicians shall not be neglected. It has long been known that the medical colleges of this country do not expose their graduates to the extremely thorough and severe training that is customary in the old world, and hence it has been hinted that the American doctor was not as well informed as his European brother. Recognizing this fact, with a noble devotion to the cause of true science, the wholesale pharmaceutical houses of America are doing their best to supply this deficiency, and by their own efforts, unaided by any institution, to so instruct physicians how to treat their patients that there will be little advantage remaining with the old world doctors when these generous and self-sacrificing firms are through with them.

Not only do they send to the doctors abundant supplies of scientific literature teaching them the pathology and etiology of disease, often most generously illustrated with choice cuts, but they also teach with the utmost precision the exact medicinal preparation (made with great care and expense by themselves) with which to combat the condition described.

Other firms devote their time to the study of prepared foods, and send the results of their arduous work to the doctors in the form of learned pamphlets on the subtleties of digestion in so plain a way that the most ignorant and incompetent physician cannot fail to have so good an understanding of the subject that he will infallibly use the prepared patented food spoken of and made by that firm (regardless of expense) in every case of sickness in his practice.

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These strenuous efforts to better educate the medical profession (once, alas, belonging to the *learned* professions) is supplemented by the personal appeals of especially educated traveling agents. We say *especially* educated because these traveling agents are usually very ignorant men, so ignorant indeed that they sometimes know even less about anatomy and physiology than the doctors themselves, but owing to the especial education which they have received during the day preceding upon the subjects connected with the preparation that they desire to introduce they are enabled to give a most brilliant and forcible lecture to the gaping doctors who are favored with a call.

The logical result of all this will be made evident by the two following major propositions:

1. An organ decreases when not used.

2. An organ increases when used.

Inasmuch as the doctors do not use their brains at all but are supinely contented to do to their patients just as the wholesale firms direct, it follows that the brains and therefore the heads of doctors will become so small that they will be reduced to a condition approaching imbecility and will have to wear children's hats.

On the other hand, the brains and heads of the wholesale manufacturer, owing to the intense application and the thought done in wholesale for doctors, will become so large from overuse that they will be unable to get through an ordinary door, and will be compelled to have hats of enormous size made to cover their heads.

It is surprising that no one has proposed that a monument of the whitest and finest plaster of Paris, or other suitable material, should be erected in honor of those noble and self-sacrificing firms, who devote their time, their energy, and their money to the welfare of the medical profession, with no thought of reward beyond the paltry emolument which arises from using their preparations.

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SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The next regular meeting of the Southern Association will be held in the city of St. Louis in November, 1895. The meetings of this association have been growing in interest, value and attendance until now they rank next to the meetings of the American Institute. Next to, and in fact equal with the live, up-to-date professional information furnished by medical journals, is that obtained by attendance on medical societies, to say nothing of the fraternal and social pleasures enjoyed at the meetings.

No progressive, enlightened physician can afford to stay away from these meetings. The exact date of meeting, together with railroad and hotel rates, will be published in due time.

"THE OLD SAMSON."

An allopathic M. D., with head in the lap of that ensnaring Delilah, *Traditional Medicine*, eulogises in a recent medical journal, "The Old Samson," calomel. But wherefore this appellative? A question not difficult to answer. Samson made powerless a lion's teeth by tearing the cavernous mouth asunder; and does not a real good, old-time, salivating dose of calomel dislodge each human tooth from the alveolar process, and destroy forever the power to bite of cuspid, bicuspid and molar? He "smote the Phillistines hip and thigh with very great slaughter;" and the mighty onslaughts, not only upon hip and thigh, but the entire osseous system of man, made by calomel-dispensing "regulars," what number of marble monuments in populous cemeteries bear graceful testimony to. Recall, too, Samson's triumphal pæon: "With the jaw bone of an ass, heaps upon heaps, with the jaw bone of an ass have I slain a thousand men." Verily, an ideal battle-song for our dear brethren of the Samsonian practice. Moreover, Samson had both eyes put out. And how pathetic the blindness of those groping in the deep darkness of routine methods. Nor ought we to forget that pretty bit of "heroic" dosing when Samson "caught 300 foxes and took firebrands, and turned tail to tail, and put a firebrand in the

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midst between two tails, and then set the brands on fire." Now to more than 300 of us this feelingly calls to mind the croton oil pustules and the fly-blisters, administered by "regular" prescription—applied, we admit, not to that unmentionable part of the body hinted at in the sacred biography, but consider those potent purges that went careering down the alimentary track to the inflamed and agonized outlet, like an express train on a tear. True the rugged old Israelite killed more than he cured, but does this detract aught from the well-discerned appropriateness of the name? C. P.

DUNHAM MEDICAL COLLEGE.

This is the name of the new homœopathic college of Chicago which is to open in its own building this fall. Forty thousand dollars have been raised for this purpose by the trustees and majority of the faculty who resigned from the Hering Medical College. The money was contributed only on condition that the institution shall be dedicated to the cause of pure homœopathy.

"This unexpected demonstration of confidence has met with a very hearty response from a majority of the old faculty and in the meeting called for that purpose, the trust was accepted and a site selected in the 'Vienna of America' in close proximity to the Cook county hospital, and the plans for the building are now in the hands of a contractor who has bound himself to turn the new building over to the faculty within ninety days. The college will open Tuesday evening, October 2, in temporary quarters secured near the permanent home of the institution." Announcements can be obtained from Dr. Howard Crutcher, 103 State street.

BOOKS.

The Care of the Baby, a Manual for Mothers and Nurses, by J. P. Crozer Griffith, M.D., clinical professor of diseases of children in the hospital of the University of Pennsylvania, etc. Published by W. B. Saunders, Philadelphia. Price $1.50.

This is an excellent book and furnishes a reliable guide for mothers who are more or less dependent upon themselves for the care of their children. The one fault that the work pos-

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sesses is the extravagance of the articles deemed necessary for the proper care of the child, Each mother, however, will cut down the expense to suit her own pocketbook. The various chapters tell about the baby, its growth, its toilet, its clothing, how and what to feed it, its sleep, exercise, training, etc., in fact a thousand things the mother wants to know. In an appendix are given a list of diseases of the child, which was written especially for mothers who are distant from a physician or unable to call one on the appearance of every slight ailment. Many doctors would obtain much needed information by carefully perusing this little volume.

Exercise and Food for Pulmonary Invalids. By Charles Denison, A. M., M. D., Denver. The Chain & Hardy Co. 1895.

A small book of about seventy pages of a very practical nature, concerning the best foods and method of exercise for consumptive patients.

That is to say, the best foods and methods according to the views of the author, and while his views should command respect and attention, owing to a large experience in these subjects, yet they are not in the least entitled to be considered as final.

A very large number of people, both lay and professional, known as Grahamites or Vegetarians, will distinctly disagree with him. Another much smaller set of people, misled by Dr. Weir Mitchell, will quarrel with his views on exercise, although he developes some interesting and novel points on that subject.

The author's own inventions and apparatus are spoken of with emphasis and frequency, and it is somewhat derogatory to the book as a scientific work, that some parts of it look very much like the advertising pages of certain much advertised patent foods.

The Infiltration Method of Local Anesthesia in Genito-Urinary Surgery, by Bransford Lewis, M. D., of St. Louis, Professor of Genito-Urinary Surgery and Venereal Diseases, College of Physicians and Surgeons. Read before the American Association of Genito-Urinary Surgeons, at Niagara Falls, N. Y., May 28, 1895.

The Use of Medicated Inhalations in the Treatment of Dis-

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eases of the Respiratory Organs, by John M. Scudder, M. D., with an appendix on Diseases of the Nose and Throat, by Wm. Byrd Scudder, M. D. John M. Scudder's Sons. Cincinnati. 1895.

The inhalation of volatile medicated substances is a rational method of treating diseases that has heretofore been monopolized by the quacks, and those who degrade the profession of medicine to a commercial level by newspaper advertising.

The above book is an endeavor to raise the method to its proper level and field, and to study it scientifically. The idea is a good one but to our mind the formulæ used are too compound and therefore confusing.

A proper scientific study of the effects, beneficial or otherwise, of inhalations, can be made only by using simple or non-compounded formulæ in our experiments.

Such experiments, properly conducted, would give us data for a new science. This is from the homœopathic point of view, which always stands up for the proving of simples on the healthy. From an eclectic point of view, no doubt, the book is all right, and valuable aid may be drawn from it by those contemplating this method of medication.

A Manual of Electro-Therapeutics for Students and General Practitioners, by C. T. Hood, A. M., M. D. Chicago. Gross & Delbridge Company. 1895.

The science of electricity has experienced so many changes and undergone so many improvements during the last few years that it is practically a new science, and a text-book written a few years ago has ceased to be of value. As might have been expected the therapeutical application of electricity has experienced similar changes and made similar advances, hence has arisen the need of frequent newly written treatises on this subject.

The volume, whose title is given above, is such a newly written treatise and on examination discloses certain qualities that merit approval.

In the first place it is written by a homœopathic author and published by a homœopathic house, and second the work is well done.

The volume may be divided into three parts. The first treats of the nature of the electrical force as illustrated by many very

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plain and simple experiments. It is pleasing to notice that the foundation principles of the sciences which we studied when a boy, have not changed, in spite of the million new-fangled devices now in vogue. The second part treats of electro-physiology and is very short, then follows electro-therapeutics in detail, giving the various diseases to the cure of which electricity is adapted and the methods of applying it.

The Chicago Department of Health, the Mayor, et al.—Civil Service and the Department of Health, by Arthur R. Reynolds, M. D.

This pamphlet exhibits the falsity of promises made before election. Dr. Reynolds was a good officer and should have been continued as commissioner of health. Now we have a politician who knows as much about health matters as a cat about chemistry.

The Topical Treatment of Uterine Diseases, Illustrated with Drawings of Original Instruments. By Albert G. Beebe, A. M., M. D., Professor of Operative and Clinical Surgery, Chicago Homœopathic Medical College; and Professor of Gynæcology, Homœopathic Post-Graduate Medical College of Chicago. Reprint from *The Medical Current.*

First Impressions of a Medical Examiner. Edward Cranch, M. D., Erie, Pa. Member of the state board of medical examiners, representing the Homœopathic Medical Society of Pennsylvania. Reprint from the *Hom. Phys.*

Civil Service Reform in State Institutions—Reorganization of the Medical Staff. By Boerne Bettman, M. D., President of the Illinois State Board of Charities, Chicago. Reprint from the *Jour. Amer. Med. Asso.*

Cystic Tumors of the Vaginal Vault, with reports of two cases, by Frederick Holme Wiggin, M. D., visiting surgeon to the New York City Hospital (B. I.). Reprint from the *N. Y. Med. Journ.*

The Diagnostic Value of the Medical Laboratory. By Wm. M. Harsha, A. B., M. D., Chicago, lecturer on surgery at the College of Physicians and Surgeons. Reprint from *"Medicine."*

A Doctor's Impression of Lawyers. Delivered at the first

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annual banquet of the association of law alumni. By Dr. G. Frank Lydston.

Medical Terminology, Its Etymology and Errors. By P. J. McCourt, M. D., New York. Reprint from the *Med. Record.*

Again the Appendix—A Clinical Dissertation, by Fernand Henrotin, M. D. Reprint from *Chicago Clin. Rev.*

Papers on Genito-Urinary Surgery, by G. Frank Lydston, M. D., Chicago.

GOSSIP.

Dr. W. A. Dunn has returned from his European trip.

Dr. A. A. Lovett, Eaton, O., honored us with a call recently.

Those physicians who have used Dr. Craig's keyless locks are loud in their praise. Nearly all schools and colleges have been fitted out with them. (See Dr. Craig's "ad" in this number.)

Dr. T. S. Hoyne wishes to announce, that, notwithstanding printed statements to the contrary, he is not connected as trustee or professor with any medical college.

Dr. J. B. S. King, who has been connected with college work almost continuously since 1884, has now withdrawn from all college connections whatsoever.

Dr. F. H. Foster of Chicago returned last month from a trip to the Yellowstone Park, Colorado Springs and other points of interest.

Dr. B. A. Cottlow has removed to 144 Oakwood Boulevard, rooms 1 and 2, southwest corner Cottage Grove Avenue.

The announcements of Homœopathic colleges have been received since our last issue.

RECENT DEATHS.

June 7. Dr. Anna B. Dillon, of Minneapolis, died in San Diego, Cal.

July 18. Dr. J. Dal, of Chicago, died of heart disease.

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SUMMER DIARRHŒA OF CHILDREN.*

The season of the year is now upon us when bowel troubles in children are most prevalent, and we will proceed to discuss some of the reasons why children are more afflicted with this disease in summer than at other seasons of the year.

While diarrhœa is more prevalent in the city than in the country, among the poor than among the well to do, still it cannot be said that it is strictly a disease of city life or of poverty, for fatal cases are found in most pleasant country localities, and among the wealthiest classes of people.

It cannot be classed as strictly a filth disease, yet uncleanliness is a promoter of the disease; unclean nursing bottles, the presence of soiled diapers in the room and an unclean person and clothing, all are promoters of the disease.

Constitutional peculiarities are not to blame for it, and yet anything that lowers the vitality of the constitution predisposes to the disease.

Children housed in close quarters away from sunlight and fresh air are not capable of digesting and assimilating any but the most favorable kinds of food, and yet they are the ones who receive the most unfavorable foods and at the most unseasonable times.

With these two most important life-giving agents, fresh air and good food, denied, is it any wonder that the mortality runs high?

A baby that nurses a healthy mother with a sufficient quantity of milk at regular intervals, is most fortunate of children, so far as food is concerned. If we add to that a little pure fresh water each day, it has all that it requires in the way of food until it begins to tseth, when it is then being prepared for a more general diet. The glands of the digestive tract develop synchronously with the teeth, and by the time four teeth have erupted the child is prepared to take a more general diet. If previous to this time he has been piecemealed from the table, his liabilities to diarrhœa have been increased. If it be fed from the table it receives starchy food which cannot be digested

* Read before Cook County Medical Society by Walter E. Fruit, M. D., Chicago.

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until the salivary and pancreatic glands are sufficiently developed to perform their function of digesting starch. It also would receive fatty food which cannot be digested until the intestinal glands are prepared to do their work. Food that cannot be digested is foreign to the digestive tract and being so acts as an irritant by its presence congesting and inflaming the mucous membrane, causihg diarrhœa.

Toward the bottle-fed child we should especially act as the Good Samaritan, for he is the one who is robbed and wounded and left to die, and it is the skilled physician who is his Good Samaritan, and like the Innkeeper accepts such recompense as is offered him at the time and awaits his reward hereafter. I have wondered if in Christ's parable of the Good Samaritan, the one who was robbed and wounded was not the bottle-fed baby, and the one who administered aid was not a conscientious physician. How are we to care for this unfortunate person? If we review the long list of foods especially prepared for his keeping, and read the claims of each manufacturer for his own kind of food, we would think the bill of fare ample, and all left to be done would be for baby to partake and thrive; but, on the contrary, it is frequently the case that the more he partakes the less he thrives. One reason is that nature's product, the breast milk, cannot be artificially reproduced, and if it could be it in all probability would not be administered in a sterile state, and upon this word sterile much depends. One redeeming feature of artificial foods is that they require to be boiled before being used, thus being rendered sterile. The base of most of them is cow's milk. Nothing absorbs impurities more readily than cow's milk. If there were dairymen to hear the reading of this paper, we should give them some practical hints as to the care of the cows, the manner of milking and preserving the milk until it is received by the consumer. But since the cow is frequently kept in an unsanitary condition and milked without the udder and teats being first cleansed, and by unclean hands into vessels that are questionably clean, then twelve to twenty-four hours after milking it is delivered to the consumer into an open pitcher at 3 A. M. that has been setting at the back door all of the previous night, and remains exposed to the damp air

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until 6 or 7 o'clock in the morning, when it is brought into the house for family use, under these conditions it is certainly well contaminated with whatever germ life to which it was exposed, and has absorbed noxious gases and poisonous vapors. There is one manner of delivering milk which mitigates to a great extent these baneful influences, and that is the delivery in sealed bottles, and if it were placed in these bottles in a sterile state and kept on ice it would be received in a sterile condition. The reason that cow's milk causes so much trouble in infant life is not entirely because its chemical composition is not identical with human milk. If this were the only cause, we would have the same troubles arising in winter that arise in summer; but such is not the case, showing that there must be some product of summer entering into its composition that we do not have in winter. This we find in the nature of germs, which thrive in summer but during winter are not productive. These germs might be divided into the following classes: Pathological germs and germs of fermentation. Under the former would be classed those germs that produce special diseases, as tuberculosis, diphtheria, typhoid fever, etc.; under the latter those that develop ptomaines, which, by their poisonous and irritating influences inflame the mucous membrane of the bowels, producing diarrhœa. The only way this can be remedied is by sterilizing the milk, which is done by heating it to a temperature of 155 degrees Fahrenheit, for fifteen or twenty minutes, thus destroying all germ life that may have found its way into the milk during the milking process or during transportation or after it has been received by the consumer. If it be heated beyond this temperature, the properties of the milk as well as its taste is changed, rendering it more difficult of digestion and less palatable. After it has been heated to the required temperature, it should be cooled as rapidly as possible, thus allowing it to be in the lukewarm state a very short time. It is in the lukewarm state that the germs develop, hence the transition from heat to cold should be rapid. It should then be kept on ice until used; then warmed to proper temperature for feeding, which is ninety-nine degrees. If the milk could be properly sterilized on the farm soon after milking and kept in sealed vessels on ice until delivered to the consumer, it would not be

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necessary for each consumer to sterilize his own milk before feeding it to the baby; but under the present circumstances it becomes necessary for each household to do its own sterilizing, and to these I would suggest that instead of setting an open pitcher or bucket at the back door for receiving the milk, that a fruit jar with a screw top be used and left out with top screwed on. The milk man can fill the jar and reseal it for you. In this way would be excluded the atmospheric contamination to which it would otherwise be exposed for several hours. To sterilize, set the jar containing the milk in a vessel of water, the water in the vessel to reach the milk line in the jar. Let the jar containing the milk be raised a little from the bottom of the vessel, so that the water will pass under the jar. A good way to do this would be to perforate a tin box lid or pie pan and invert this on the bottom of the vessel containing the water. On this set the jar, better loosen the cap on the jar while sterilizing. Heat the water to the required heat for the specified time, remove the jar, tighten the cap, and cool as rapidly as possible, then keep in a cool place until ready for use. The above suggestions are for those who cannot afford a sterilizer especially prepared for the purpose.

The Civic Federation has suggested placing in every kitchen in the city rules for the disposal of garbage for the purpose of aiding them in keeping the streets and alleys clean. If at the same time there was placed in every household where children are found an attractive placard upon which were printed rules for the care of the baby, including the manner of preparing its food, the care of receptacles for its food, and everything that pertains specifically to its welfare, a great missionary work would be done that would be received thankfully by the parents, and would lessen the heavy rate of mortality of infants during the hot summer months, and do at a small cost a great good that could not be estimated by dollars and cents. If this could be followed up year by year and the placards distributed each June just previous to the hot season, they would be received with increasing popularity each year and in this way intestinal troubles from lack of proper food would be reduced to the minimum.

To supply fresh air we should have a park system adequate

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for that purpose. Very few of our poor people can get outside the city limits from year to year. In the country there are large door yards and shade trees where the children may enjoy fresh air to its fullest extent, and by active exercise in the open air can digest foods that under other circumstances would be injurious.

In a city built largely of flats and houses side by side with adjoining walls, with front doors to the curbstones, and rear ones almost to the alley, the outdoor yards of shade and grass are found only in the parks. Unfortunately for the poor to whom they are most needed, these parks are so remote from them that they cannot be reached without sacrificing a half day and from one to two car fares traveling each way in reaching them. This they can ill afford to do, and consequently live day in and day out in their crowded apartments with the sun-baked street in front and the uncleaned alley in the rear. If in addition to our present park system, which is constructed and conducted to best satisfy the pleasures of the well to do who are abundantly able to take summer outings and spend the heated seasons at summer lake resorts, we were to have one block in each section of land devoted to park purposes with a fountain in the center and a pool of clear, cool water around it, with a sufficient amount of shade and well watered grass, there would then be fresh air reservoirs in walking distance of every one, and of hot afternoons and evenings we would see these life-saving stations well filled with children, and adults, too, enjoying the shade and fresh air which, under the present system, they seldom enjoy. In addition to this we would have every street in the settled portion of the city kept well sprinkled during the months of June, July and August at the expense of the city. It would now be difficult to place our proposed park in each section in the heart of the city, but a little ways out there are many vacant blocks, or so nearly vacant that at a small expense they could be made vacant, that could be and should be converted into parks which would make glad the hearts of those who cannot have access to our present parks. If this system were adopted it not only would assist the poor of our city in rearing healthy children, but would make the parents themselves better citizens, and on hot summer evenings, instead of attempting to keep cool by filling up on cold beer and lounging

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around the alleys and saloons, many would be cooling off in the parks provided for them; they also would be better contented and more law-abiding citizens. If the one million dollars that is to be used in the extension of Lincoln Park were turned toward establishing the park system suggested it would reap a ten-fold greater benefit to humanity than to be used as it is now intended. We are proud of the magnificent parks we now have, believing that Chicago ranks among the first in the land in her system of parks, but we are spread over a great territory and need more small parks, that they may be placed in walking distance of every one, so that no one may be denied the pleasures and health-giving influence of shade and fresh air.

WALTER E. FRUIT, M. D.,
823 W. 47th St., Rear Halsted St., Chicago.

CLIPPINGS.

RUPTURE OF THE UTERUS.—Herr Fritsch, of Bonn, stated that the prophylactic treatment of rupture of the uterus in cases of contracted pelvis consisted in placing the parturient on the side corresponding to the most distended portion of the genital apparatus. Gentle effort should be made to cause the head to descend, and, if rupture appear imminent, labor should be terminated at any cost. The method of choice should be one which takes into account the narrowness of the pelvis. In head presentations perforation gives the best results for the mother; in oblique position, version should be attempted under anæsthesia only when the child is living. If rupture have occured and the child is in the abdominal cavity, laparotomy should be performed. If the infant have only partly passed into the abdomen, and extraction by the vagina seems possible, it should be attempted.

As regards hæmorrhage, the only means of definitely arresting it when due to rupture is by suture after opening of the abdomen. Its origin is not so much in the uterus as in the pelvic tissue, outside the uterus,—that is, in the parametrium. After laparotomy and evacuation of the blood-clots in the pelvic cavity, it is frequently found that the peritoneum is but slightly involved, but that the rupture occupies the entire thickness of the broad ligament. In such cases the only way of securing hæmostasis is by placing a number of wide, deep sutures in and upon the broad ligament.

When the physician is called in a case of rupture five or six

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hours after labor,—that is, when the first danger is passed and hæmorrhage is arrested, but there is fear of infection, as shown by the swollen abdomen and heightened temperature,—Herr Fritsch is in favor of the expectant plan, and advises absolute rest, small doses of opium to retard fæcal movements, and emptying the bladder with the catheter, but no vaginal or uterine injections, and still less washing of the peritoneum through the rupture.—*Univer. Med. Journ.*

BATHING AND AURAL DISEASES.—A correspondant of the *Lancet* calls attention to the fact that many people accustomed to bathe during the summer months suffer from some aural disease. The most frequent troubles are acute otitis media, acute diffuse otitis externa, simple deafness from swelling of a ceraminous plug, and occasional extension of a suppurative process to the antrum, mastoid process, etc. Troubles from diving are also frequent, and the avoidance of these is an important question. It should be a rule that persons suffering from middle-ear discharge should never bathe at all, and those who have had such a discharge, and whose membranes have not healed, or those who have any tendency to such troubles, should never bathe without some preventive for keeping water out of the ears, such as plugs of cotton wool, with an oil skin covering them. Water remaining in the healthy ear should be let out as soon as possible; to effect this it is a good plan to incline the head well over to the affected side, straighten the meatus by pulling the auricle upwards and backwards, and execute a series of hops on the foot corresponding to the affected ear. The acute otitis seems to be occasionally caused by water entering the nasopharynx, and being blown into the middle ear by the efforts to expel it from the nose. This danger is, of course, greater if there is a nasal block present.—*N. Y. Med. Abstract.*

"A CLINCHER FOR ANTITOXIN."—A most valuable and carefully compiled paper was contributed by Dr. Lennox Browne to the May number of the *Journal of Laryngology*, in which he gives the results of his observations on one hundred cases treated at one of the hospitals of the Asylums Board. This paper, which has had so marked an effect on the medical journals that I fancy we shall not hear much more from them about antitoxin, has not attracted sufficient attention in the lay press, and I should be glad if you would let me mention a few of its points.

1. The actual mortality in one hundred cases treated with the antitoxin serum was exactly the same as in one hundred treated at the same hospital the previous year, "under exactly similar circumstances of situation, season, administration, and hygiene."

2. The advocates of serum treatment urge that allowance

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should be made for cases which have proved fatal within twenty-four hours after inoculation. The figures show that if this is done in both treatments the result would *not* be in favor of the serum.

3. A strong claim is urged for the necessity of commencing the serum treatment as early as possible. The figures, however, show that there is no warrant for specially applying this general law to the case of the serum remedy. We learn that in the hospitals for diphtheria, "where the disease is attacked at once, a fatal case is almost unknown, and this under the former methods of treatment."

4. The figures show that in fatal cases there is a prolongation of life, but Dr. Lennox Browne thinks this is a doubtful advantage of serum, since, as he says, "it indicates a greater prostration of the recuperative energies or the acquirement of something in the system that occupies a much longer time for full elimination. Thus, while in all serum cases there is a tendency for convalescence to be delayed, in those terminating fatally death is simply procrastinated and the period of suffering of the patient and of anxiety to the parents unduly extended."

5. With regard to the position of the membrane as affecting the question, the numbers are pronounced too small to draw a conclusion.

6. The figures show that with regard to the duration of the treatment before the membrane commences to separate, and when the throat was declared free from membrane, the advantage was decidedly on the side of the old methods of treatment. In the hundred cases treated with serum there were five in which the membrane reappeared, thirteen in which it never cleared entirely, and one in which it was observed as late as thirty-nine days after admission.

Passing over other points in which the evidence is incomplete, we find—

7. That the figures show a considerable increase of kidney complications and heart failure in the cases treated with serum over those treated by the ordinary method.

In conclusion, Dr. Lennox Browne says: "When drawing attention at a meeting of the Clinical Society last December, to what cannot but be considered as increase, under the use of serum, of the most grave complications of diphtheria, viz., anuria, nephritis, and cardiac failure, I took occasion to express a hope that further experience might prove that the disadvantages of serum would be more than outweighed by its benefits. I deeply regret to be obliged to record facts which, if confirmed —and they are easily capable of being checked by parallel observations of others who may elect to make use of the opportunities which I have embraced—cannot fail to carry a contrary conviction."—*Homœop. World.*

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LIST OF HOMŒOPATHIC PHYSICIANS.

MINNESOTA.

ST. PAUL.

Beach, W. A., Endicott Arcade
Briggs, W. S., Endicott Arcade

Cobb, S. G., Merriam Park

Donald, Alex., Germania Life Bdg
Dockstader, A. C., South Park

Eastman, A. M., 186 Summit ave
Eastman, C. A., Minn Block

Fisher, W. F., E. 7th st

Glidden, C. H., Schutte blk
Goodrich, Asa F., Endicott Arcade
Griswold, Chas., Odd Fellows blk

Haines, Mrs. B. P., Michaud blk
Higbee, C. G., 9th and Roberts
Hutchinson, H., Germania bldg
Hubble, E., 138 E. 6th st

Kendrick, F. D.,
Kiefer, Alice, Michaud blk

Lufkin, H. M., Endicott Arcade

Mann, E. L., Germania Bank bldg

Ogden, B. H., Germania Bank bldg

Penney, L., 7th and Church

Routh, Geo. E., 22 W. 4th st

Sawyer, J. E., Germania Life bldg
Strickler, D. A., Endicott Arcade
Schmidt, E., 265 E. 9th st

Walther, E., 208 E. 8th st
Wilcox C., Metropolitan Hotel

MINNEAPOLIS.

Aldrich, H. C., Syndicate blk

Austin, M. P., 1549 E. Franklin av
Austin, E. E., N. Y. Life bldg
Avery, H. N.,

Beebe, Mrs. H. S., 608 Nicollet ave
Brazie, H. W., 415 S. 10th st

Casseday, F. F., 1123 So. 1 ave
Cheeney, W. W.. 2417 Central ave
Cole, A. L., 24 Washington av So
Crawford, Johanna, 3014 Bloomington ave

Dennis, G. E., Medical blk

Fryberger, W. O., Syndicate blk
Foster L. P., 17 4th st S. E.

Goodwin, R. F., Syndicate blk
Gibson, F. M., Medical blk
Gray, Thos. J., Dayton bldg

Hall, L., 77 Highland ave
Hall, P. M., 1300 20th ave N
Hayes, L. M., Masonic Temple
Higbee, A. E., Masonic Temple
Horning, D. W., 610 Nicollet av
Humphrey, O. M., 100 E. 14th st
Hutchinson, A. S., 318 E. 14th st

Lewis, Elizabeth, Medical blk
Leavitt, H. H., Syndicate blk
Leonard, W. H., Masonic Temple
Leonard, W. E., 608½ Nicollet ave
Leonard, H. C., 1527 N. 6th st
Locke, D. A., 414 Nicollet ave
Locke, S. A., 414 Nicollet av
Lawrence, D. W., 1123 So. 1st ave

Matchan, R. D., Masonic Temple
Mitchell, C. F., Syndicate blk

Neill, Chas. H., Hennepin ave

Palmer, L. R., 1126 S. 5th
Perry, R. S. J.,
Putnam, C. W., 319 Nicollet ave

Rasmussen, R.R., 1812 Riverside av

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Richardson, O. K., Masonic Temple
Ricker, G. E., Syndicate blk
Ripley, Martha G., 24 So. 10th
Roberts, Geo. F., 608 Nicollet av
Russell, Wm., 3100 Hennepin av

Stone, J. S., 111 9th st S.
Steele, J. A., 518 Nicollet ave
Spaulding, S. M., Syndicate blk

Thayer, Chas. E., 608 Nicollet ave

Wilcox, Asa S., Syndicate blk
Williamson, A. P., 602 Nicollet av

Young, Esther Hayes, 1917 Central ave

Allen, G., Red Wing
Allen, W. A., Rochester

Beery, W. F., Beaver Creek
Bowman, F. C., Duluth
Brown, S. F., Mankato
Brunelle, A. M., Cloquett
Buchanan, G. C., Henning
Burt, J. A., St. Charles

Caine, W. H., Stillwater
Caldwell, T. A., Duluth
Chase, H. H., Duluth
Clark, George E,, Stillwater
Clarke, C. N., St. Charles
Cole, A B., Fergus Falls
Cooper, C. M., Chatfield
Correll, F. C., Rushmore
Couper, J. E., Blue Earth City
Craddock, W. L., Pine Island

Diessner, H. R., Waconia
Dornburg, A. L., Mankato
Drought, W. W., Fergus Falls

Everly, W. E., Glyndon

Fisher, W. H., LeSeur
Fisher, Anna, LeSeur
Francis, L. T., W. Concord

Gill, A. G., Olivia
Granger, C. T., Rochester
Graham, D. M., Hamline
Griffin, J. H., Plainview

Harcum, Theo., Brown Valley
Hall, O. H., Zumbrota
Hall, O. I., Zumbrota
Hand, W. R., Herman
Harnden, G. R., Sherburne
Henderson, A. E , Parker's Prairie
Holden, Fannie E., Duluth
Hurlburt, M. L., Duluth

Jerman, W. L., St. Louis Park
Just, A. A., Crookston

Kilgore, H. F., Luverne
Kline, S. F., Anoka

Lockwood, B. F., Austin
Lowe Thos., Slayton
Lynde, C. V., Northfield

Mann, W. O., Fergus Falls
McDougal, P., Excelsior
Meade, H., Fergus Falls
Meilicke, A. C., Good Thunder
Meredith, S. P., Spring Valley
Morse, F. R., Rochester

Nootnagel, C. F., Evansville

Oakes, C, H., Livermore Falls

Perkins, E. R., Excelsior
Peirce, T. A., Winona
Perrigo, E. Stella, Pipestone
Pillsbury, C. B., Duluth
Putch, A., Winona

Renninger, J. S., Marshall
Rhines, D. C., Houston
Roberts, F. H., Plainview
Roberts, T. W., Winona
Roberts, D. H., Owatonna
Roberts, L. M., Little Falls
Routh, W. W., Duluth

Saunders, J. M., Dodge Center
Scott, Mary, Hinckley
Smith, H. O., Shakopee
Stevens, A. M., Red Wing
Stone, W. T., St. Cloud

Timmons, I. W., Winona
Titzel, C. E., Lake City
Treat, C. R., Sharon
Tucker, J. M., Hastings

Von Berg, J. P., Albert Lea

Wagner, C. H., Faribault
Wait, L. E., Alexandria
Watkins, O. A., Stillwater
Welch, G. O., Fergus Falls
Wheat, J. N., Austin
Whitney, F. H., LaCrescent
Wilburton, L. G , Winona
Wilson, C. E., Dakota
Wright, E. A., Maple Plain.

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Young, E. A., Fergus Falls

MISSISSIPPI.

Bahin, G. J., Natchez

Chase, D. B., Natchez
Champlain, H. D., Yazoo City
Champlain, Helen, Yazoo City
Coleman- H. J., Lee
Crock, Geo. W., Vicksburg

De Laureal, G. R., Greenville

French, J. C., Natchez

Greene, W. S., Aberdeen

Hough, J. W., Jackson
Hardenstein, A. O. H., Vicksburg

MISSOURI.

ST. LOUIS.

Albin, E. R., 815 N. Jefferson av
Allen, H. F., 3724½ Vest av
Auf der Heide, F., Grand and Blair aves

Badger, Mrs. S F., 1449E. Grand av
Bahrenburg, W. N., 919 Wash st
Bahrenburg, J. E. 1916 St. Louis av
Bartens, H., cor Nineteenth & Carr
Becker, Mary L., 1218 Madison st
Boyce, A. L., 2606 Chouteau ave
Bradley, Benj. A., ———
Burger, Mrs. Anna, 2613 S. 11th st
Blanki, F. F., 1600 Bond av
Burleigh, W. J., 2305 Washington av
Buchanan, J. E., 2317 Clark av

Canfield, F. D.
Carriere, C. L., 2128 St. Louis ave
Campbell, J. A., 1729 Wash't'n av
Champlin, B., 1522 N. Grand av
Chapman, Mrs. A. D., 1922 Sullivan av
Comstock, T. G., 507 N. Fourteenth st
Condon, Eva G., 1516 Wash'ton av
Conzelman, T. W., 2901 Morgan st
Cosbey, V. B., 4318 N. 20th st
Cummings, J. C., 3514 Olive st
Curtis-Pence, Mrs , 2007 Easton av

Demmler, J., 1512½ S. Twelfth st
DeWees, E. W., 1301 Wash'ton av
Deyo, D. L.,———
Dittlinger, E. V., 2920 Wash'ton av
Dryden, J. L, Springfield av. Montgomery st

Eaton, M. M., Maple and Hamilton sts
Edmonds, W. A., 2924 Wash'ton av
Ehrmann, L. P., Belvidere Hotel
Eyerman, C. H., 1722 S. Jefferson st

Fick, Otto, 7019 S. Fourth st
Franz, Kurt A., 14th and St. Louis av
Frohne, J. P., 1504 Washington av

Galloway, W. E., 3021 Easton av
Gilwee, J., 3135 Meramec st
Gibson, D. M., Children's Hospital
Goodbar, Mrs. A. C., 3143 Olive st
Goodman, C. H., 2728 Wash'ton av
Green, T. S., 2818 Washington av
Grennan, Adele, 2206 Lucas pl
Griveaud, E. A., 2816 Olive st
Grundmann, F. W., 2841 Wash st
Gundelach, C.,1501 Washington av
Gundelach, W. J., Vanderventer av
Gutherz, Lizzie G., 3600 Olive st

Harris, W. John, 3107 Morgan st

Johnston, Josie, 1829 Lafayette av

Kershaw, J. M., 3500 Laclede av
King, H. R., 2720 St. Louis av
Knox, F. T., 1701 Lucas av
Knox, S. R. P., 1701 Lucas av
Kriege, H. W., 2115 Salisbury st

Lavat, S. Ella, 4530 St. Ferdinand st
Lilleman, Mrs. L., Clara and Chippewa
Luyties, Chas. J., 2814 Lafayette av
Lindley—H.
Mansifee, W. H., 1308 Morgan st
Mathison, Thos., 1433 Salisbury st
May, W. B., 2913 Dickson st
McCarty, Mary E., White Cross Home
McElwee. L. C., 219 S. Jefferson av
Mellies, Chas., 3246 N. 19th st
Miles, S. E., 520 Olive st
Morgan, W. B., 4200 N. Grand av
Moore, F. R., 1201 Washington av
Morrill, G. H.,2713 Washington av
Morrow, D. B., 318 S. Jefferson av

Overman, D. R., ———

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Parsons, Scott, 3862 Olive st
Paillon, E. R., 4023 Castleman av
Parsons, S. B., 2809 Washington av
Peters, Charlotte, 1519 Warren st
Phelan, R. A., 2342 Olive st

Read, J. S., 1541 Chouteau av
Reed, W. L., 2812 Washington av
Richardson, Wm. C., 304 N. 8th st
Robb, W. H., 1502 Olive st
Robinson, Mary T., 4062 Finney av
Ressell, Clara, 521 Ware av

Sargent, Mrs. E. E., 3007 Easton av
Sargent, Miss F. W,, 3120 Washington av
Sargent, Miss M. U., 3120 Washington av
Sauter, Clara, 1006 Grattan st
Schiereck, S. L., 2022 N. Ninth st
Schuricht, G. S., 1015 St. Agne av
Schoenemann, W., 1629 Carondelet av
Schott, A. H., 2848 Lafayette av
Shay, E. A., 3615 S. Broadway

Taylor, R. C., City Hospital
Temm, F. A., 2601 Franklin
Thomas, E. B., 1114 Madison st
Tournot, L., 2824 Second Carondelet av
Tournot, Mrs. M. A., 309 Cenda st
Tucker, Mary E', 2633 Lucas av

Ustick, C. M., 3001 Olive st

Vastine, Chas., 3503 Lindell av
Vogt, I. G.. 2837 Dickson st

Wentzel, Emma, 2100 Olesr av
Wilcox, Jno. M., 3899 Delmar av
Wilcox, W. A., 3899 Delmar av

Young, W. B.

KANSAS CITY.

Anderson, Sam H., 101 W. 9th st (Tel.)
Bell Frank.
Blakeslee, C. H., 616 Delaware
Blatchley, O. P., ———
Brady, D. F., 1315 Jefferson st

Canfield, Pauline E., 9th and Grand
Cartlich, J. W., 1689 Madison
Chamberlain, C. P., ———
Colt, Emily S., 1117 Park av
Coombs, J. T.,
Cutler, P. W., 1227 Michigan av

Delap, S. C., 1214 Main
Dean, G. A., 1106 Main

Edgerton. M., 1106 Main
Elliott, Chas. S., 1103 Main
Elliott, J. F., 1010 Main

Foster, W. A., Grand av and 8th st
Foster, Wm. D., 420 W. 11th (Tel. 1407)

Heath, E. R., Rialto Bld
Hudson, T. H., 1110 Locust st

Jackson, Harriett M.
Jenny, W. H., 12th and Broadway

Mather, V. W., 2006 E. 7th st
Merwin, Geo. M. C., 221 W. 9th st
Miller, H. W., Olive and 16th sts

Neumeister, E. A., 1214 Main st
Northup, E. S., 725 Main st (Tel.)

Olmstead, C. C., 1103 Main st (Tel.)

Peet, P. F., 536 Main st
Pitt, J. B., 8th and Main sts

Ray, W. L., 1214 Main st
Runnels, Moses T., 8 E. 9th st (Tel.)

Smith, J. S., 1307 Holmes st
Steel, W. H. 9th and Grove (Tel.)
Sutfin, J. H., 2200 Vine st

Van Scoyce, L. G,. 94 E. 9th

Wise, J. C., ———

Abell, D. T., Sedalia
Achenbach, J. G., Lebanon
Adams, Marie, Hopkins
Aplin, W. H., Hamilton
Austin, W. S. Moberley.

Batorf, M. W. Sedalia
Bean, E. P., Monett
Bennett, G. P., Nevada
Bennett, A. S., Nevada
Bishop, F. A., Hannibal
Boutin, F. J., Independence
Bozarth, C. W., Lamar
Brase, F., Jackson
Brenizer, N. O., Slater
Brinkman, F. W., Bay P. O.
Burger, C. J., Booneville
Burvis, L., Paxico
Butler, P. N., Jr., Washington
Butman, W. C P., Macon

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Burch, E. J., Carthage
Bristol, —— Webster Grove

Cannon, J. W. M., Kidder
Carr, R. W., Sedalia
Christy, J. M., Butler
Clevenger, N. T., Marionville
Cloonan, M., Annapolis
Cooper, J. S., Chillicothe
Conrad, J. A., Poplar Bluff

Dill, J. W., Kirksville
Dill, Mrs. J. W., Kirksville
Davis, J. D., Clarksville
DeWolf, J. G., Aurora
Dowling, L. H., Excelsior Springs

Engelbrecht, Jno., Stony Hill
Engle, A. L., Hamilton
Ellis, W. B., Hatton
Evans, A. P., Springfield
Evans, O. C., Joplin

Fair, J. F., Helena
Flower, F. W., Carthage
Finsley, T. A., Wellsville
Fowler, J. J., Washington

Gifford, W. H., Springfield
Gifford, A. H., Springfield
Gilkeson, H. P., Warrensburg
Gordon, G. A., Chillicothe
Grant, T. A., Pleasant Hill
Griffin, W. L., Lamar

Hickox, Kate L., St. Joseph
Hall, W. G., St. Joseph
Hankins, C. C., Golden City
Hamisfar, F. M., Lexington
Harris, R. O., Carrolton
Hedges, W. L., Warrensburg
Heintz, J. F., St. Joseph
Hendrickson, P. J., Trenton
Henry, J. P., Independence
Hensley, J., Springfield
Hinchman, C. W., Golden City
Hodgins, G. W., Fillmore
Huffaker, J. R., Broofield
Humfeld, W. A., Holstein

Jones, T. J., Holden
Johnstone, J. E., Kirksville

Keaney, W. M., De Soto
Keener, H. N., St. Joseph
Kendal, L., Sikeston
Kelly, S. T., Moberly
Kimball, J. H., Pierce City
King, C. E., Springfield

Lamb, J. P., Couch
Land, J. R., Clinton
Lenke, L. H., Jamestown
Lewis, A. G., St. Joseph
Liebrant, C., Cameron
Lovelady, Ike, St. Joseph

Martin, F. M., Maryville
McDowell, W. C., Springfield
McFall, H. C., Mexico

Netherton, F. F., Clinton
Neumiller, J. G., Altenburg
Newton S., Odin
Noe, A. T., Kirksville

Ottofy, L. M., Benton
Orear, L., Butler

Page, W. B., Smithton
Paine, N. Bryan, Lexington
Pearman, S. N., Clinton
Porter, H. L., Seneca
Primm, J. N., Hannibal
Pyle, C. W., Rich Hill

Ramey, R. D., Dayton
Ravoid, H. J., St. Joseph
Rolston, W. T., Cape Girardeau
Roser, J. H., Viola
Rowe, G. W., Pleasant Hill
Russell, D., Arcola
Russell, Geo. A., Sedalia

Schoen, E. R., Sedalia
Schoor, E. F., Garden City
Shaw, E. E., Cameron
Shirely, J. W., Trenton
Small, R. S., Gainsville
Smalley, D. E., Rich Hill
Smith, Mrs. C. E., Kidder
Smyth, M. B , Springfield
Stafford, Isabelle A., Independence
Stafford, M. A., Independence
Stanhope, L. E., Nevada
Steinrauf, W., St. Charles

Taylor, J. R., St. Joseph
Thatcher, J. T., Oregon
Tincher, C. F., Fulton
Turner, T. M., La Belle

Valentine, R. D., Springfield
Van Syckl, D. V., Canton
Vernette, Fr., Hannibal
Ward, J. M., Cornelia
Watkins, Z. E., Cameron
Weems, A., Middletown
Werth, A., Washington
Westover, H. W., St. Joseph

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Whitley, W. M., Webb City
Whitney, L. E. Carthage
William, W. J., Joplin
Winans, T. H., Mexico
Winchell, H. R., Rich Hill
Winsett, B. F., Butler
Wolf, G., Joplin

Zeinert, C. P., Ballwin
Zilliken, P. N., Frohna

MONTANA.

Blackburn, G. E., Butte City

Cranson, C. S., Deer Lodge

Dean, Maria M., Helena

Frizzell, J. W., Great Falls

Glidden, J. McKay, Great Falls

Haviland, W. H., Butte City
Hedges, Frank S., Missoula

Kellogg, Edwin, S.. Helena

Leighton, J. A., Boulder

Norcross, C. F., Butte City

Sarchet, G. B., Butte City

Thompson, C. S. W., Helena

Whitefoot- R. M., Bozeman

CLIPPINGS.

BREECH PRESENTATION.—If, in a woman who has passed the sixth month of pregnancy, a sharp pain is produced by placing the hand on the fundus uteri, it may be affirmed (*N. Y. Medical Times*) that there is a breech presentation: This pain is present in about 70 per cent. of the cases and is sometimes spontaneous. According to Pinard, it is due to the irregular distension produced by the rounded mass of the head. If version be performed the pain disappears.—*Med. Standard.*

HOT WATER IN THE TREATMENT OF HERPES CIRCINATUS.—Dr. J. Noir, a French physician (*Le Progres Medicale*), having a large number of cases of herpes circinatus under his care in idiotic and epileptic patients, had a good opportunity to test the efficiency of various methods of treatment. He found the methods ordinarily employed very unsatisfactory. A patient suffering from the disease was attacked with bronchial pneumonia. He had a temperature of 102° F. for three weeks. One of the attendants contracted the disease in his right hand.

On the patient's recovery, it was found that the skin disease had disappeared, but the eruption upon the attendant's hand resisted every measure of treatment which was applied, including frequent applications of tincture of iodine and cauterization with nitric acid.

The disappearance of the disease in the patient suggested the application of heat as a means of combating it. The attendant's hand was accordingly treated with hot water at 50° C. (122° F.). After a few daily baths, the eruption disappeared. The same method was applied to two other nurses and forty-seven patients with equally good success.—*Mod. Med.*

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CALENDAR FOR SEPTEMBER, 1895.

1	Henry Noah Martin d. '89.	Wm. Wesselhoeft d. '58.
2	Nebraska State Soc. organzd. '73.	Alexis Leon d. '66.
3	Hom. Med. News Letter issd '51.	J. H. Way d. '87.
4	Sam'l Enterline b. 1810.	A. B. Sanders d. '54.
5	C. J. Hempel b. 1811.	Thos. R. Leadham d. '81.
6	N. Y. Hom. Dispen. estab. '47.	Jno. Clark d. '73.
7		Wm. G. Wolcott d. 66.
8	Wm. Hoyt. b. '39.	David Wilson d. '89.
9	J. Harts Miller b. '39.	R. H. Pratt d '77.
10	Ward's Island Hom Hosp. op.'75.	Emma Wanstall d. '82.
11	Geo. W. Bowen b. '30.	Martin A. Tichnor d. '85.
12	W. H. Woodyatt b. '46.	
13		Fred. A Lord. d. '72.
14	West. Acad. Hom. organized '74.	Wm. H. Thompson d. '85.
15	W. B. Chamberlin b. '27.	Wm. Van-Gottschalk d. '88.
16	I. S. P. Lord b. 1805.	S. B. Thayer d. '74.
17	Mercy B. Jackson b. 1802.	Thos. Hayle d. '86.
18	Rochester Hom. Hosp. open. '89.	A. A. Lewis d. '68.
19	Otis Clapp d. '86.	R. M. Buddeke d. '86.
20	L. Kendall d. '67.	Jno. D. Moore d. '67.
21	A. H. Okie d. '82.	Wm. M. Zerns d '87.
22	1st Meeting N. Ind. and So. Mich. Hom. Soc. '91.	Henry G. Field d. '70.
23	Corner stone laid new Cleveland Hom. Hosp. Med. Col. '91.	Wm. Wright d. '80.
24	New Hom. Col. (Cleveland) opened '90.	Chas. J. Hemple d. '79.
25	Round Table Club 1st banquet '89.	Jno. Schue d. '56.
26	W. Danforth b. 1826.	Emery G. Watts d. '84.
27	Pulte Med. Col. opened '72.	
28	Hahn. Life Ins. Co. organized '65.	L. B. Nichols d. '83.
29	Opening Nat. Hom. Med. Col. (Chicago) '91.	Hans Thomsen d. '64.
30	Wm. L. Thompson (Me) d. '94.	Fred. C. Baelz d. '72.

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The Medical Visitor.

A MEDICAL NEWSPAPER.

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NERVOUS INFLUENCES ON REPAIR AFTER SURGICAL OPERATIONS. TROPHO-NEUROSES.*

BY E. R. M'INTYER, M. D.

In the study of the process of repair after an injury, be it surgical or accidental, the mind reverts at once to nutrition. And the word nutrition implies that most interesting and at the same time most mysterious of all processes connected with physiology, viz.: the power of all normal tissues to select that, and that alone which each tissue requires for the maintenance of its integrity, from the complex elements of the life fluid. And this in turn brings us face to face with nervous influences, or vital force. We know that there are special centers presiding over growth and development, which we call trophic. But by what nerve-fibres these trophic influences are conveyed to the tissues over which the center presides is not definitely known. Some claim there are special trophic nerves; others that the trophic influences travel over the motor and sensory nerves, and so on.

There are anatomico-pathological reasons for believing them conveyed by the motor nerves alone. We know that the large multi-polar cells in the anterior gray horns of the cord generate motor impulses, and that their destruction not only suspends motion, but that nutrition is also cut off in parts in functional relation to seat of lesion. We also know that the extent of both

* Read before the Cook County Medical Society, Aug. 27, 1895.

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motor paralysis and atrophy is in direct ratio to the number of these cells destroyed. Not only is this true, but we also know that even extensive destruction of the sensory area of the cord alone never causes atrophy. Notwithstanding this, we cannot escape the conviction that there are separate centers for motion and nutrition from the fact that some cases of irritative lesions of the cord producing no motor paralysis, but only spasm, will be followed by atrophy of parts affected. This does not invalidate the theory that motor and trophic influences are conveyed over the same nerve fibres.

Gowers, when speaking of nutrition, says: "The only theory that seems to explain all the facts is the continuity between the nerves and the tissues,—a sort of molecular contract seems to exist between the nerves and the tissues, similar to that within the tissues themselves. And the process of irritation descends the nerves, passing directly to the tissues and invading them all." This is about as definite an explanation as to say a boy has gastralgia because his stomach aches.

It would seem but rational to confine this element in nutrition to the vital affinity existing between the elements of nutrition and the tissues to be developed, and to place the source of this affinity in special trophic centers whose influences are conveyed to the tissues by the nerves in relation to them.

So far I have been discussing but a part of nutrition, and by no means the most important part from the standpoint of the surgeon. We are too apt to consider nutrition complete when the supply is sufficient and the tissues appropriate it normally. If nature had only gone this far in providing for our nutrition she would have committed a serious blunder; but such is not the case. If a stream be obstructed as it flows to the sea, with no provisions for the escape of the water by the normal channel, the surrounding country suffers from the overflow. And it may be that the immediate vicinity of the obstruction suffers far less than other sections, so ample provision must be made for the overflow.

The overflow must be provided for in our bodies the same as in the stream. The effete matter must have ample means of escape. The sewerage must not accumulate, else there will be an overflow somewhere and as the stream breaks through the

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weak point in its banks, so this sewerage will show its effects on the weak points even though they be at a distance from the point of obstruction. The sewer system of the body is controlled by these same trophic centres of which we have spoken.

If a surgical operation be performed on such a case, the part operated upon becomes the exit to the sewer system of the whole body, the effete matter being converted into pus, and the process of repair is retarded, if not entirely prevented. There are anatomico-physiological reasons why the rectum should be quite frequently the seat of such conditions.

And since the rectum was the basis of inquiry in the request for this paper, it may not be amiss to study it briefly. Since the lympathics constitute the escape pipes for waste, we must not overlook them. They are numerous and of rather large size in the rectum. Hence ample provision has been made when they are in a normal state, so far as the vessels alone are concerned. But on the outer wall of the meso-rectum, a triangular reflection of peritoneum, lying between the rectum and sacrum, are some small glands, through which these vessels pass on their way to the sacral glands, and finally by way of the lumbar glands to empty into the chylocystis, and through thoracic duct into the circulation.

These vessels and glands are all under the control of the vaso-motor nerves, which, if not identical with the trophic system, are closely allied to it.

So long as they receive their normal nerve stimulus, so long are their secretions normal in quality and cannot be obstructed, save by mechanical pressure. But cut off their nerve supply and immediate change in quality, resulting in obstruction, first of the glands nearest point of such change, and later the vessels and glands at a distance.

It may not be unprofitable to trace the nerve connections from the rectum for an explanation for the formation of pus or lack of power of recuperation. The rectum is supplied directly by branches from the superior and inferior haemorrhoidal plexuses of the sympathetic, and from the second, third and fourth sacral-sympathetic and spinal. The haemorrhoidal plexuses are offshoots, the inferior from the pelvic plexus, which in turn receives branches from the hypogastric plexus, through

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which the sacral nerves pass to the rectum. The hypogastric plexus is derived from the aortic plexus, which is formed from the semilunar ganglia and renal plexus, the latter being derived from the solar plexus, which receives the great splanchnic and some fibres from the right pneumogastric. The superior haemorrhoidal is formed by branches from the inferior mesenteric plexus, which in turn is derived from aortic plexus, which is derived from the semilunar ganglian and renal plexus, to which reference has already been made. The pneumogastric is distributed to the larynx, trachia, lungs, heart, liver, stomach, spleen, pancreas, kidneys, and intestines. Remembering that the pneumogastric is a cranial nerve, that the splanchic is a spinal, as well as the sacral, we are able to some extent to trace the relation which the rectum bears to all other organs and functions, and, *vice versa*, the possible effect on the nutrition of the rectum, if some other and distant organ or tissue be diseased. This may not be unprofitable in ascertaining whether disease in the rectum is a cause or an effect before operating on it for some reflex or supposedly reflex trouble.

But time will not permit us to notice all or even the major portion of the conditions that influence repair, either directly or reflexly. The point of most vital interest to the surgeon is how to diagnose all the conditions that may render the results of an operation unsatisfactory or unsafe.

I have sought carefully, and almost with tears, in the vain hope of finding some authentic instructions on the subject to which I could refer this society. The singular scarcity of such information may be a sufficient apology for this paper. And while I cannot hope to say anything new, I trust I may be able to absorb something from the discussion by members present.

There are patients in whom we cannot find organic lesions, who at the same time are feeble in *all* their functions; in whom no organ really works wrongly, but, at the same time, no organ works well. Even where we cannot impute disease there is a wide difference in individual capacity for repair of injuries. We see those who are fat, flabby, bloated, pale, with soft textures and smooth, velvety skin, who are incapable of physical or mental exercise, and look older than they really are. These are people in whom the supply is abundant, but the excretion

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of effete matter is below the normal. These are bad as a rule. Then there is a class that are poor, scrawny creatures, with no organ perfectly developed; where there is impaired power of selecting from the blood sufficient to supply the demands, and excretions are perfect, in short the cal. phos. patients. These do badly after an operation because of defective supply, but we need have but little fear of suppuration.

There is still another large class, that in the present state of our knowledge we cannot discover, but who recover badly from injury. In these we may be able to detect something wrong by taking the pulse and temperature. If we discover that the usual excitement incident to preparing for an operation disturbs the pulse seriously or raises the temperature from half to one or two degrees, we must not forget the effect the emotional centres in the medulla may have in a reflex way on nutrition. This brings us to consider mental influences and environments on the repair of injuries.

Take two men, the one weak, diseased, and in general bad health from extensive necrosis of the bones of the leg, while the other, while enjoying perfect health, has met with an accident rendering the amputation of his leg necessary.

Amputate both legs the same day, and under the same external circumstances, using the same precautions in both cases, and the former heals kindly, and his health improves from the day of operating, while the latter's health fails, the wound refuses to heal, and after several days or weeks he dies, the wound never having healed. How shall we explain such cases?

There are two important factors entering into the result. (1) Mental. The former has been looking forward to the operation, for the purpose of ridding himself of a member that he has long known was of no use, and could never be anything but a source of pain. He looked forward to it with pleasure. The other while in the midst of enjoyment and health, and proud of his physical ability, is suddenly confronted with conditions rendering him a cripple for all time. His mind almost breaks under the change of his prospects. He has no mental discipline to prepare him for the ordeal. (2) The change in environments is of equal importance in contributing to the final results. The former has but slight change in his mode of life, while the latter

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is reduced suddenly from a life of activity to one of sedentary habits. This puts extra work on the excretory organs to get rid of the waste from a plethoric body, and the sudden change is too much for them, and they fail. The latter factor possibly is foreign to the subject under discussion, because the nerves are not a cause, but I could scarcely refrain from referring to it because it is so intimately associated with others. Besides reflex nerve influences enter into it.

Many years ago it was said: "Tables cannot yet tell the several or united influences of differences of constitution, of sound or unsound health, of disease of internal organs, of race and temper and habits of life. Yet the question of the safety of an operation may turn on these very things. And not only of its safety, but of its utility; for there are some cases in which operations are improper, not because of the risk of life, but because the patients have such peculiarities of constitution that they would suffer more pain or loss of time or of health from an operation than even the cure of their disease would justify. In short, you will find that if you are to do more good than harm by operative surgery, you must acquire skill in detecting, and, if possible, amending the defects of health which make operations unsafe or unsatisfactory."

This is certainly as important today as it ever was, and he who knows when *not* to operate is possessed of rare attainments.

549 North Clark Street, Chicago.

A STRAMONIUM CASE.

J. B. S. KING, M. D.

Baby 7 months old. Clonic spasms. Head rolling from side to side. Eyes turned up so that little else than the whites were visible. The hands and arms in constant convulsive motions. Chewing motion of lower jaw.

Opisthotonos.—The gums were swollen, soft and fiery red. No fever, no redness of face, although the head felt hot to the touch.

Chamomilla.—No improvement. The medicine was given at intervals of one hour, beginning at 10 P. M., but the nervous storm, although slightly modified, kept up until 3 A. M., at

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which hour the baby fell into a deep sleep. The next day the baby seemed as well as usual, but towards evening the nervous erythism with all its symptoms was repeated. The child seemed to be in an intensely excited state. The arms were constantly swinging to and fro, the head bent far back and in almost incessant motion. The lips often drawn in with a smacking noise. As during the preceding night, food was refused absolutely; apparently the child could not keep still long enough to take food. Every few seconds, as on the previous night, the child would make a loud outcry or infantile noise, which was not mournful nor whining, but rather like an exaggerated baby prattle or effort to speak.

Belladonna.—No effect. The gums were lanced and bled freely, but without improvement of the nervous symptoms. The third night began the same way, at a little earlier hour.

Stramonium.—Before the time arrived for a second dose the child sank into a deep sleep which lasted *nine* hours and there was no return of the symptoms on succeeding nights.

The vocal noise made by the child probably corresponded to the loquacity of Stramonium as did the convulsive movements of the *upper limbs,* the chewing motion of the mouth, and the high degree of nervous excitement.

PHOSPHORUS CASES.

BY S. MILLS FOWLER, M.D., CHICAGO.

A few weeks ago I was called to see Mrs. F., to prescribe for some ailment incident to her condition, she being at the time six months in gestation.

As I entered the front door I observed the lady in question, sitting on the stairs about half way up, trembling, pale and cold, and bathed in a cold, clammy perspiration, and full of nervous fear and dread.

It was in the edge of evening; it was rapidly growing dark, and a thunder shower was gathering; flashes of vivid lightning were of momentary occurrence, and peal upon peal filled the air with an incessant roar, and this poor woman was almost beside herself with anxious fears.

The patient is above the average height, thin and angular,

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and a pronounced brunette, having very black hair and eyes and dark complexion. Contrary to the rule, however, she is mild and gentle in her disposition, being more like the blond in temperament.

She was so overwrought with fear and anxiety on account of the storm that I could get no other symptoms from her. I learned, however, that this "Fear during a thunder storm" was a common thing with her. "Always was so."

On the strength of this one symptom I gave her a single dose of Phosphorus cm., dry on the tongue. Nothing more has been needed since.

A few days later we had another storm of even greater severity than the one referred to, and Mrs. F. sat and watched it from her window with utmost unconcern.

Incidentally, I related the above case to a neighbor. A few days later another neighbor came into my office and asked for "A prescription for that medicine which cures people from being frightened during a thunder storm."

This party was also tall, angular, narrow chested, and stoop-shouldered but a man and a blond. One of the characteristic Phosphorus people. I gave him also a single dose of the same remedy, and with the same happy result.

Evidently, this symptom of Phosphorus, "Fear and anxiety during a thunder storm," should always be printed in large caps. By the way, however, I have never seen the symptom in any but such as are regarded as Phosphorus patients; viz., tall, slim, angular, stoop-shouldered, etc.

Here is another case which was not so easy.

Mr. J., aged 42; lawyer. Light complexion, blue eyes and brown, silken hair, but rather dry. Was married at thirty. His wife is a beautiful woman, and a woman in every sense of the term; full of passion, and as he says, "always willing." According to his description her passion at times amounts almost to a nymphomania.

Mr. J., as a young man, was much given to venery, before his marriage, and for some time after indulged excessively; having intercourse five times in twenty-four hours was not an uncommon thing. Finally, after some three years of this practice, he noticed a steadily growing weakness in his sexual powers, and

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then complete loss, and he became impotent, although his instincts and desires were as exacting as ever. In fact he was at times a victim to an aggravated form of satyriasis; but on attempting sexual intercourse, there would be relaxation of the sexual organs, and they would remain flacid, limp, and cold as long as he remained with a woman for the purpose of intercourse. If, however, he would go away at some other business the desire and consequent erection would return with increased violence, to again pass away if the attempt was renewed.

At first he thought there was something wrong with his wife; that there was something about her personally that "Took the stiffening out of him as soon as he approached her." Acting on this thought, he sought out other women, but to no purpose; his attempts were equally futile with whomsoever he associated. Finally, he discovered that his attacks of satyriasis could be relieved by a resort to pederasty, and to "cap the climax" he has resorted to this vile practice for years, and claims that it is the only way in which he can find relief, and that he is forced to it, as the attacks are of such violence that at times he is almost insane from them.

By means of close questioning, and after several interviews, we elicited, not as here given, but piece-meal, the following symptoms:

Gloomy; taciturn. As the evening comes on, he gets anxious and seeks company. There is a great deal of anxiety, especially about the future. Anxiety during a thunder storm. Excitable; easily angered; he becomes vehement and then is sure to be sick afterwards. Mind is very active, and there is exceeding irritability of both mind and body. Very nervous; every unpleasant experience prostrates him and makes him sick. Scaly, bald spots on the scalp. Hair comes out in patches. Used to have nasal polypi and extreme epistaxis on the least provocation. Also nasal catarrh, with profuse discharge of greenish or yellowish mucus. The sexual trouble became worse as the catarrhal trouble was cured (?), years ago. In summer he is subject to attacks of diarrhoea, which is copious and watery, and pours away as if it came from a hydrant with force. When he has diarrhoea, the anus feels as if it remained constantly open. Stools are nearly odorless. In winter and at

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other times he is constipated, the stools being small in diameter, long, slim, narrow and tough, light in color, and voided with difficulty. Except when having diarrhoea, even a soft stool is voided with much straining. Intense sexual desire, with erections that are painful in their intensity, but complete inability to perform the sexual act in the natural way. Attempting intercourse, the organs are completely relaxed, and will remain so for hours if he does not go away and engage in some sort of work, when the erections and desires will return with increased intensity. Masturbated when a young man for a year or so, and then indulged in venery with servant girls and others to excess. Never had any evidence or any of the *local* evidences of a venereal disease. Consumption in the family on the mother's side. Patient is tall, slim, angular, narrow chested, stoop shouldered. Large joints and long fingers. Suspected tuberculous tendency, but as yet no evidence of lesion. No cough, no special shortness of breath. Heart normal.

Mr. J. received one dose of Phosphorus cm., dry on the tongue at first. Four months later one dose of the dmm., which was about three months ago. He has had no other treatment of any sort or description. Once, during the first month that he was under treatment, he was obliged to resort to his unnatural practice for relief, but for once only. With a bountiful supply of S. L. he has gone on towards recovery, and at the last report he had enjoyed sexual intercourse with his wife in the natural way, to the satisfaction of both, and it might be said to the delight of all interested, not omitting the physician.

A CASE OF CHOREA.

BY PROF. N. B. DELAMATER, M. D., CHICAGO.

Mrs. B., American, 30 years of age, presented to the clinic May 13, 1878.

The history gives the following: Ever since a small girl has had a tender spot over the spine between the shoulders. Some seven or eight years ago, or when about 23 years old, went sleigh riding, got very cold, on returning home in the evening took warm drinks and retired, went to sleep quickly. On waking in the morning, was unable to move arms or legs, could not speak

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or swallow. Was perfectly conscious. Was taken to a hospital, began to recover motion in about two months. In six months was able to return home, with very good use of all the muscles.

Since then has always had some numbness in the hands. It has been difficult for her to hold anything in her hands any length of time; inclined to and often does drop things. There has been an almost constant tendency to fall asleep after sitting quietly a few minutes. If she puts her hands over her head and goes to sleep, it is difficult on waking to get them down. Any exercise is apt to cause a series of darting pains from spine to various parts of the body. Has very little headache. In using the hands and arms apparently has fair strength.

A few days before presenting herself at the clinic a cup dropped from her hand; the hand suddenly opened without any premonition. Since then there has been a good deal of twitching of the eyelids and face about the eyes. The gait is not affected. Is able to walk steadily with eyes closed or in the dark. Has at times alternate chill and heat all over the body. The bowels are somewhat inclined to looseness, but no marked diarrhœa at any time. Urinates rather frequently, holding the urine any length of time causes discomfort, more than is ordinarily the case.

Excitement sometimes seems to cause amelioration of the symptoms.

Physical examination gave negative results as to eyes, ears, nose, throat, chest, abdominal and pelvic organs.

There was marked tenderness over the third and eleventh dorsal spinous processes—particularly to jaring or to any motion that bent or twisted the spinal column, accompanied by pains shooting out along the course of the spinal nerves from the points touched.

A diagnosis of facial chorea and meningitis of dorsal spine was made.

At this time a double prescription of Conium 30d, and Calabar bean 6x, was made.

One week later she reported marked improvement in every particular. The prescription was continued.

Two months later reported all the chroreic symptoms gone and the other symptoms much improved, gave only Calabar bean 6x.

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This was continued with only slight intermissions of a few days at a time about six months with steady improvement, and then she was given the 30c. At the end of two weeks reported that all her spinal pains had been worse; gave the 6x again; one month later reported that she seemed absolutely well. The numbness had not been noticed for over six months, the motor conditions of hands and arms had been perfectly normal for about four months.

Six months later saw her again. There had been no return of any of the symptoms. Two years later she was still perfectly well.

REMEDIES FOR TYPHOID FEVER.

September being the first fall month, it is now time to look up the remedies for typhoid fever.

With the older homeopaths Bry. and Rhus were used in alternation to ward off an attack when the precursory symptoms were present. Dr. Bayes of London used Baptisia for the same purpose and he claimed great success with it. Here are a few brief characteristics of the important and frequently indicated remedies:

Arnica (frequently after Rhus)—Red spots like suggillations on the body; stupor; stools and urine involuntary; bed sores; bed seems too hard and he wants to be moved often.

Arsen.—Aggravation of symptoms evening and night; urine diminished; loss of sensation, consciousness and speech.

Bell.—Violent delirium, with talk about going home, or with attempts to bite, kick, or strike.

Agar.—General tremor of the body and tremulous propulsion of the tongue.

Amm. Carb.—Glandular swellings; hemorrhage from the nose, gums and bowels.

Ant. tart.—Pneumonia as a complication.

Apis.—Urine and stool involuntary; pleasant, happy expression.

Arum.—Lips and corners of mouth sore and cracked; constantly picking them until they bleed; very fetid breath.

Bapt.—She cannot go to sleep because she cannot get herself together; her head feels as though scattered about.

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Bryonia.—Has doubts about his recovery, with fear of death; delirium about his business; worse after 3 A. M.; motion greatly disturbs him and seems to increase his sufferings.

Calc. Carb.—Horrid visions when closing the eyes; as often as he falls asleep the same disagreeable sensations arouse him.

Carbo. Veg.—Advanced stage; prostration almost amounting to collapse; face pale, sombre, hippocratic, cold; cadaverous, smelling diarrhœa.

Cham.—Neuralgias during convalescence.

Cocculus.—Greatest irritability; cannot bear noise or contradiction; roaring in the ears; protracted convalescence on account of great debility.

China.—Our first choice for hemorrhage from the bowels.

Camph.—Cold extremities; cold sweat all over; scarcely perceptible pulse.

Chel.—Tongue dry one day, moist the next; delirium slight or absent.

Colch.—Trunk hot, extremities cold; cold sweat on the forehead; eyes half open; respiration irregular and intermittent.

Ferr.—Like china, is useful after frequent and copious hemorrhages.

Fluor-ac.—Recommended by Hering for decubitus.

Gels.—First stage with talking delirium as soon as he falls asleep; pulse slow when quiet but greatly accelerated by motion.

Hepar.—When abscesses form.

Hyos.—Staring eyes; lower jaw hangs down; urine leaves large streaks of red sand on the sheet; tongue dry and black.

Ipecac.—Vomiting of black matter.

Kreos.—Fetid stools, with hemorrhage from the bowels.

Lacheis.—Tongue catches under lower teeth when he tries to protrude it; muttering stupor; sweat without alleviation; cough with slimy, bloody expectoration.

Lyc.—Fear of being left alone; observes closely everything going on about him; frequent jerking of the limbs; red sand in the urine; coldness of the extremities.

Laur.—Clonic spasms of the upper and lower extremities; pneumonia as a complication.

Moschus.—Impending paralysis of the lungs, with cessation of the cough and clogging up of the bronchia with mucus.

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Merc-sol.—In the beginning for copious yellow or greenish stools; face pale, yellowish; dizziness; swelling and bleeding of gums.

Nit-ac.—Hemorrhages from every outlet of the body; great sensitiveness of the abdomen.

Nux-vom.—Early stage; chilliness on the slightest motion; intolerance of external impressions all of which seem to be exaggerated; thirst with aversion to water.

Nux-mosch.—Profound coma, lying silent, immovable; putrid colliquative diarrhoea; urine scanty, high colored, clear.

Opium.—Stupefying sleep; delirium with frightful visions; delirious, talking of past occurrences; eyes staring.

Phos.—Typhoid-pneumonia; painless diarrhoea, of water, slime or decomposed blood; great restlessness at night with troublesome dreams.

Phos-ac.—Whitish gray diarrhoea; conscious but apathetic and indifferent; pulse weak, intermitting; temperature of body not high.

Puls.—Absence of thirst, all stages; rumbling in the bowels and pinching pains previous to stool; heat of the hand and foot of one side and coldness of the other.

Rhus.—In his delirium he imagines an enemy means to poison him; tongue has a triangular red tip; rheumatic pains in the limbs and constant restlessness; motion gives temporary relief; diarrhoea worse at night; sweating over the whole body.

Sil.—Abscesses, boils, etc.; profuse perspiration and excessive debility.

Sulph.—No reaction, stupid, constantly sinking; frequent weak, faint spells; no sweat.

Stram.—Delirium with the character of monomania—laughs whistles or prays constantly; urine dribbles away slowly; stools of a cadaverous odor.

Veratrum alb.—Weakness in all limbs; sudden sinking of the forces with disposition to sleep; lips and tongue dry, black and cracked; abdomen sensitive to touch; during cholera epidemics, great prostration; cold sweating; coma; vomiting of green, tenacious slime, and watery diarrhoea, involuntary; blue circles around the eyes; involuntary urine.

Zinc.—Constant trembling of the hands; impending paralysis of the brain; delirium with attempts to get out of bed.

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REPORT ON SANITATION.

The committee to whom was referred the suggestions of Prof. T. C. Duncan, to outline a more perfect system of sanitary inspection, beg leave to submit the following report:

After giving the subject our best consideration, we believe that every physician of this city and in Cook county should, as far as lies in his power, co-operate with the health and other authorities to keep this city especially in as perfect a sanitary condition as is possible.

Much of the unsanitary conditions in every city is the lack of information on the great problems which affect the health and well being of all citizens.

It is only recently that the president of one of our colleges stated that not more than one physician in ten give the subject of sanitation any consideration; while another equally prominent physician said that this subject of sanitation, although one full of possibilities, yet it was the hardest subject to get either doctors or students of medicine interested in.

We are daily hearing of the drinking water being polluted, neglected garbage boxes, alleys reeking with filth and breeding disease, unwholesome food, or infected milk being on sale, etc.

We firmly believe, and would urge, if necessary, that this society take such action as the great importance of the subject demands, not only to ourselves as physicians, our patrons, but to humanity.

We therefore recommend:

I. That a board (of five or more member) be appointed by this society to present a report at the next meeting, on the various subjects of public health. This board may distribute their labors, so as to cover the entire field of sanitation, and thus avoid much labor to its members, the volunteer inspectors, and so simplify matters.

II. That a committee be appointed to consist of one or more members for each ward in the city and adjacent towns in Cook county, who will act as volunteer inspectors of their respective sections.

This corps of volunteer inspectors will obtain such information, relative to sanitation, from the board (already referred to)

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about the removal of garbage and other refuse from their wards, that is to say, such refuse as the city contracts call for removal, whether it be daily or every second or third day, and other information relating to nuisances and the proper authorities to whom reports may be made for any negligence.

The same may be said as to information about unwholesome food, infected milk, polluted water; and in cases of contagious diseases, the most approved methods of disinfection and of fumigation; defective plumbing, sewer gas, etc.; they will obtain information as to the best known means to overcome unsanitary conditions.

In plain words, this sanitary board will be consultors to whom the volunteer inspectors can call upon for any advice or information upon any topic of sanitation.

The object of this board being to reduce the work into a system, avoiding extra labor to its corps of workers, who otherwise would have to spend much time in the investigation. (This does not mean that these volunteer inspectors may not investigate sanitation, but it is simply a means to relieve those who have little time at their disposal, and yet enable them to perform efficient service in their respective neighborhoods.)

We would also recommend, if it can be done without reflecting detrimentally upon this society, that these volunteer inspectors, through the advisory board, consult with the city health department, offering its aid as far as is practical in the carrying out of its mission in seeing to the regular performance of contracts, in the removal of disease-breeding matter, and aiding in other ways in the preservation of the health of the inhabitants of Cook county,

C. BRUCE WALLS,
EDGAR J. GEORGE, } Committee.

Cook County Homeopathic Medical Society,
July 23, 1895.

Dr. Frank Parsons Norbury, who recently removed to St, Louis to assume the editorial management of the *Medical Fortnightly*, has been elected to the chair of practice of medicine and clinical medicine in the St. Louis College of Physicians and Surgeons.

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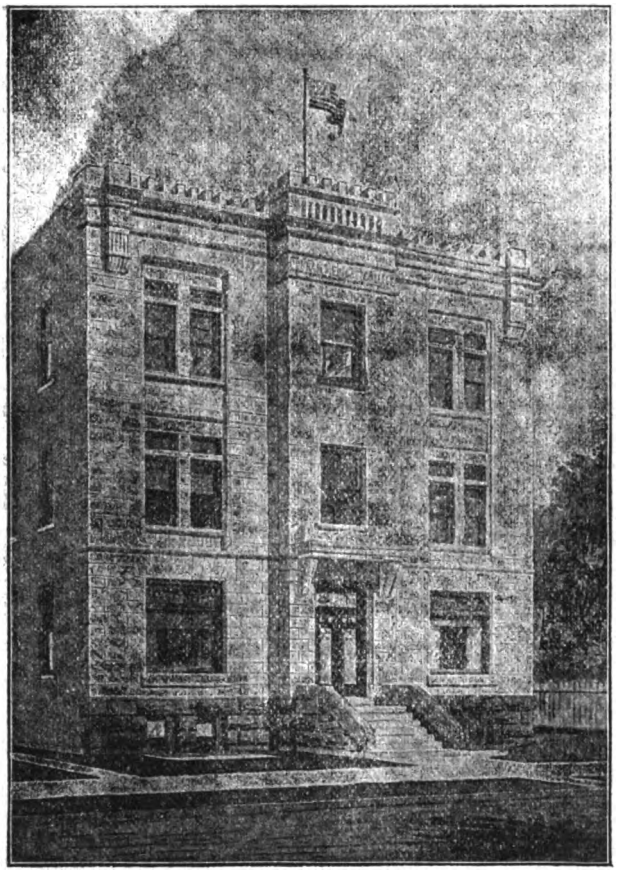
DUNHAM MEDICAL COLLEGE NOTES.



Dr. Charles Woodhull Eaton of Des Moines will give special lectures upon Life Insurance Examinations.

The new building is rapidly rising, at 370 South Wood street, just across the street from Cook County Hospital.

Dr. J. B. S. King greatly enjoyed his brief retirement from all college work, but accepted his old chair in the Dunham, which his many admirers hope he may continue to adorn till the day of his coronation.

The temporary quarters of the college are at 642 Congress street, opposite Presbyterian hospital. The new edifice on

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Wood street will be opened with appropriate exercises on Nov. 20.

The classical architecture of the new building is greatly admired. The front will be of Connecticut brown basement stone, the remainder of blue Bedford stone.

The question of the recognition of the Dunham Medical College by the Illinois State Board of Health is not worrying those who have put forty thousand dollars into the new building, and it ought not to worry those who have put nothing into this or any other building.

Dr. Fahnestock will not remove to the city this winter. His splendid surgical reputation is a source of great strength to the institution.

In order to encourage a study of the Philosophy of Homeopathy the trustees have established an annual scholarship to be awarded for the best essay in therapeutics. This offer is open to every one and the award is transferable upon the order of the winner. The prize paper will appear annually in the announcement.

Dr. Stella E. Jacobi has joined the faculty at the Dunham. She is a splendid teacher and a thorough Hahnemannian.

Dr. Charles W. Eaton of DesMoines will teach surgery at the Dunham in addition to his lectures upon life insurance examinations. Dr. Eaton is one of the ablest men in the Iowa profession, and his influence means much to the college.

Dr. Helen M. Parker has united with the teaching corps of the college.

CORRESPONDENCE.

Dear Doctor:

From the present outlook, the "Cotton States and International Exposition" will be one of the "events" in the history of our country, and especially of the South. Realizing the immense number of physicians who will be present from all parts of the United States and other countries, I have decided to offer my mite of Southern hospitality to my visiting brethren. Therefore, I extend a cordial invitation to any physician who

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may visit our city, to make my office his headquarters. Send mail, telegrams, etc., in my care, and I will cheerfully engage rooms, etc., in advance for any one if advised to do so. The only request I make is to enclose postage for letters of inquiry, which will be cheerfully answered. For any services I may render no fee, commission, or any perquisites whatever, will be received or expected. Fraternally yours,

GEORGE BROWN, M. D.

28½ Whitehall street, Atlanta, Ga.

DUNHAM MEDICAL COLLEGE.

The new building of this college is well under way, the faculty is organized for effective work, an excellent class is in view, and the general indications point to a very successful course. It was a happy stroke that located the institution in the midst of the great clinical centre of the west side. Students of the old school colleges in the neighborhood will now have a chance to compare notes and judge whether Homœopathy is really the fraud they have been taught to believe that it is. Homœopathy has nothing to lose by a comparison of results. Comparisons, in fact, are what it has thrived upon.

The new edifice will be fifty by ninety feet, and its equipment will be modern in all respects. It is seldom that a college begins its existence under such favorable auspices. One thing is assured: an institution founded upon the principles of Hahnemann will be successful if those principles are strictly followed. The Dunham Medical College has declared its purpose of living or dying by its declaration of principles.

BOOKS.

The Checking List Case Book, by Maro F. Underwood, M. D. Price, 200 pages (100 cases), $3.00 Published by the author, 28 Eighth Street, San Francisco, Cal.

This is just the book needed by all Hahnemannians, as it will save one an immense amount of time in the checking up of the remedy and furnishes a true record of the case. Dr. Underwood is a young man but he has certainly hit upon the best checking list yet published. The first edition was sold as soon

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as it came from the press and the second is now ready for delivery. Even those who have not yet advanced far enough to use such a list might find it valuable as an aid in recording cases.

From New Zealand comes a new quarterly homœopathic journal. It is called the *Australasian Homeopathic Medical Gazette* and in appearance is very like the *Homeopathic Envoy*, except it contains 12 pages instead of four. Our good friend, Dr. R. S. Stephenson, of Dunedin, is the editor—which is a guarantee that the journal will be well conducted. Price, 2 and 6 (60 cents) per year.

The Liver as an Organ of Elimination of Corpuscular Elements, by Gustav Futterer, M. D., Professor of Physical Diagnosis, Chicago Policlinic. Reprinted from Medicine.

Favorable Results of Koch's Tuberculin Treatment in Tubercular Affections that are not Pulmonary, by Charles Denison, A. M., M. D., Denver, Col. Reprint from N. Y. Med. Jour.

A Case of Otitic Abscess in a Diabetic, with a Fatal Result, by W. Cheatham, A. B., M. D., Louisville, Ky. Reprint from the Cincin. Lancet-Clinic.

Antiphthisine. Report on Professor Klebs' New Tuberculin Derivative and Some of the Cases Treated. By Charles Denison, A. M., M. D., Denver, Col. Reprinted from the Medical Record.

Haematoblasts and Blood Platelets. Dr. M. L. Holdbrook of New York. Reprinted from the proceedings of the American Microscopical Society, 1894.

Spasms and Convulsions, by A. W. Holcombe, M.D., Kokomo, Ind. Reprint from *Homœop. Phys.*

GOSSIP.

Dr. Charles Dake of Hot Springs, Arkansas, will be in Chicago from August 15, 1895, until January, 1896, where he will be pleased to see his friends and patients. Rooms 839, 841 and 843, Marshall Field building.

The Southern Homœopathic Medical Association meets in St.

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Louis November 12–14. The Planters House has been selected for the meetings.

The ninth semi-annual meeting of the N. I. and S. M. Homœopathic Medical Association will be held in the parlors of the Hotel Hascall, Goshen, Indiana, Tuesday, October 8, 1895.

Dr. H. W. Pierson, editor of the *Medical Advance,* was arrested September 10 for criminal libel. Bail was furnished for trial before Justice Everett September 17. Dr. H. C. Allen of Hyde Park was the complainant. Dr. Pierson denounced the Hyde Park doctor as a Judas, a wolf in sheep's clothing, an arch-hypocrite, an unscrupulous man, an unprincipled politician and a gifted liar. The trouble between the two doctors arose over the ownership of the *Advance,* a semi-monthly medical magazine. A reporter for the *Dispatch* attempted to see Dr. Allen to get his answer to the charges made by the editor, but was informed at his home that he was out of the city.

Prof. H. B. Fellows has resigned from the Hahnemann Medical College, and Prof. S. Leavitt from the Medical Mission Institute.

Dr. E. N. Chaney of Milledgeville, Ill., is about to become an editor. *The Homoeopathic Sun* is the name of the child.

Dr. A. M. Hutchinson has been appointed physician and surgeon to the Kansas State Reformatory.

The Northwestern Surgical Academy of homoeopathic physicians held its first annual meeting at Minneapolis, Minn., Sept. 18 and 19. There were twenty papers read by the members.

Bro. Kraft holds the opinion that a physician has no business at the American Institute meetings if he is not a member, or intending to become a member. Good thing, push it along. Visitors will govern themselves accordingly in the future.

The American Public Health Association will convene at Denver, Colorado, Tuesday, October 1, at 10 o'clock A. M., and continue four days. The regular sessions of the association will be held in the assembly room of the Brown Palace Hotel.

Now that antitoxin has been proved of no account everywhere

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our ward-politician health commissioner has bought a lot of the stuff, probably at bargain-counter rates, to supply the diminishing demand of the regular school.

The second annual meeting of the Missouri Valley Homeopathic Medical Association will be held this year at Kansas City, Mo., October 1, 2 and 3, 1895. D. A. Foote, M. D., of Omaha, Neb., is the president.

Dr. F. A. Boericke (of B. & T.) has been appointed a member of the State Pharmaceutical Examining Board of Pennsylvania. An excellent appointment.

Dr. E. G. Morey has removed from Sioux City, Iowa, to Galesburg, Ill.

RECENT DEATHS.

Sept. 14. Dr. Mary H. Landreth of Chicago, aged 46.
June 23. Dr. S. W. Hopkins of Lynn, Mass., aged 66.
Dr. E. D. Jones of Albany, N. Y.
Dr. E. J. Whitney of Brooklyn, N. Y.

CLIPPINGS.

IT IS A MISTAKE to pay so much attention to pathology and the causes of disease that therapeutics must be neglected. From the point of view of the invalid it is infinitely more important to know the remedy than it is to know the microbean or other cause of his disease.

It is a mistake to accept the theory of an enthusiast as a proven fact, and to change the entire therapeutic method in obedience to a fad. The history of medicine is a history of fads without substantial basis.

It is a mistake to discard any method which has given good results unless you are positive you have a better one. It is also a mistake not to adopt a new method which has proven to be better than the old.—*Dosimet. Med. Rev.*

BEWARE OF MICROBES.—The health department says warningly to the inhabitants of Chicago: "Do not let others kiss you indiscriminately, and never without first carefully wiping your lips with carbolized rosewater and thoroughly drying them." This advice is not greatly needed, because the people

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of this city are not given to indiscriminate kissing, and it is not known why the health department should think they are. There are many persons here whom no one would feel inclined to kiss except when actuated by a stern sense of duty, and, on the other hand, there are many kissable persons who are painfully economical with their osculations. They are altogether too discriminating.

The object of the health department in giving this advice is to hinder, as much as possible, the dissemination of microbes. It has been discovered that a kiss is often the agreeable vehicle that enables them to travel from person to person. Hence the necessity for carbolizing one's lips. But microbes lurk in other places than beauty's lips, and swarm in articles which are of more universal consumption in Chicago than kisses are. If the health department had been actuated solely by a hatred of microbes and bacteria it would have begun its crusade differently. There is butter, for instance. Nearly everybody eats it, or thinks he does. Spread in layers of varying thickness upon slices of bread, or taken in combination with potatoes, it forms an important part of the food of the people. If bread is the staff of life, butter is the beautifying varnish of that staff. But according to the figures of scientists of high repute there are from ten to twenty millions of microbes in every fifteen grains of butter. Therefore, that person who consumes at his dinner or other meal a silver dollar's weight of butter, has consumed unthinkingly from 300 millions to 600 millions of microbes. These statements are appalling but true. Many a man has complained of indigestion after eating something like a billion microbes, and has not had the least idea what was the matter with him. A derelict board of health has allowed him to remain in ignorance.

Cold is bad for microbes. A low temperature kills off about one-third of those which dwell in butter. Therefore he who eats that article when it has been treated with ice fares the best, but even he consumes millions of bacteria, and he cannot be expected to do it with impunity. Cheese, which is bought and eaten in such large quantities, is also full of low forms of life which are likely to disagree with man. Evidently before using either butter or cheese they should be soaked in carbolized rosewater. Then, like disinfected kisses, they can be enjoyed without fear of evil consequences.

A health department which really had the welfare of the people at heart would not interpose itself between them and the harmless recreation of kissing, but would stand between them and the microbic viands they consume. It would stand by them at their meals like the physician who watched over Sancho Panza's welfare, and would order those dishes removed which

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abounded most in microbes, or which had not been previously carbolized. No article would pass muster that did not smell like a moth-ball.

The Chicago health commissioner has men and microscopes. The former, with the aid of the latter, or with their imaginations, can ascertain the number of microbes in every edible and drinkable article, can print the result of their investigations in handbill form, and leave one on every Chicago doorstep. Then the citizens will know exactly what it is they have most to fear. And if these scientists of the health department will make a thorough investigation to find out the number of microbes in an average kiss they will find it is so small that it would not be worth mentioning on their handbill.—*Chicago Tribune.*

HYPNOTISM IN SURGERY.—Fifty years ago Dr. L. A. Dugas, of Georgia, operated three times upon a woman in the hypnotic state for recurring carcinoma of the breast. In the third operation the axillary glands were also removed. The patient gave no signs whatever of sensibility (*Southern Medical Surgical Journal,* March, May and September, 1845). Dr. Dugas believed that the phenomena of "mesmeric sleep" might be so utilized as to "render them available to all sufferers." A little earlier Dr. Crawford W. Long, the discoverer of anæsthesia, had investigated the subject and disused hypnotism because of its uncertainty of action. Hypnotism has thrice been revived and twice fallen into disuse during the past century.—*Medical Standard.*

THE EFFECTS OF UTERINE CURETTAGE.—Although curettage of the uterus is one of the most commonly-employed procedures in gynecological practice, much obscurity still exists as to its exact mode of action. To throw some light on this subject Werth (*Centralbl. f. Gynækologie,* No. 14, 1895,) has carefully examined, microscopically, the mucous membrane of six extirpated uteri which had been thoroughly curetted at periods of three to sixteen days before the performance of hysterectomy. In two cases the operation had been undertaken for chronic metritis and myoma and in the four others for chronic disease of the adnexa. One of the most striking features revealed by the examination was the marked inequality in the action of the curette. At some places the mucosa had been left intact, while at others only the deep-lying glandular structures had been preserved, and at still others the curette had penetrated as far as the muscularis. Areas of intact mucous membrane especially occurred at the fundus and around the openings into the tubes. The most profound influence of the curette was, therefore,

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exerted upon the lower uterine segment in the vicinity of the internal os. It is also interesting to note that, as shown by the author's investigations, the uterine mucosa is regenerated with extreme rapidity, for as early as five days after curettage a complete formation of the superficial epithelial layer of the uterine cavity had taken place.—*International Journal of Surgery.*

RHEUMATISM.—Profuse perspiration is said to be one of the most constant symptoms of acute rheumatism; the more marked and severe the case, the greater is the tendency to perspiration. —*Charlotte Med. Journ.*

HOW INFANTS ARE FED IN FRANCE.—It is not generally known that in France it is forbidden, under severe penalties, for any one to give infants under one year any form of solid food, unless such be ordered by written prescription, signed by a legally qualified medical man. Nurses are also forbidden to use, in the rearing of infants confided to their care, at any time or under any pretext whatever, any nursing bottle provided with a rubber tube. Several other similar and equally stringent laws have recently been enacted by the French government, which, despairing of obtaining any increase in the birth-rate in their land, is now turning its attention to the saving of the few children that are born.—*Charlotte Med. Journ.*

CIGARS AND INFECTION.—The smoking community must feel grateful to Dr. Kerez of Rome, for alleviating their not unnatural alarms as to the possibility of becoming infected with tuberculosis from smoking cigars in the manufacture of which the saliva of the workpeople is so often made use of, says the "British Medical Journal." The well-known fact that, possibly from the lightness of the work being attractive to such people, large numbers of cigarmakers are more or less affected with consumption, makes the risk from this source all the more obvious. Dr. Kerez, however, has had cigars made by the ordinary method, with this exception, that in each part of the process where the operator usually applies his mouth or wets the tobacco with his saliva, the leaves were moistened with saliva known to contain the germs of tuberculosis. The cigars thus made were then dried and packed in the ordinary way. At various dates afterwards inoculation experiments were made with these cigars with the result of showing that while they retained their infective property as regards tuberculosis for ten days, they were found, when kept for any longer time, to have lost the power of communicating the disease, and the guinea pigs employed suffered no ill-effects whatever from their inoculations.—*The Family Doctor.*

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LIST OF HOMŒOPATHIC PHYSICIANS.

NEBRASKA.

OMAHA.

Alexander, E. L., 1020 Saunders

Borglum, J. W., Frenzer blk.,
Breckenridge, Mrs. M. J., 602 S. 28th
Bruner, J. F., 2511 Chicago st
Burroughs, Mrs. Amelia, 1617 Dodge,

Campbell, S. M., N. Y. Life bld
Connell- R. W.

Davies, Emma J., 322 N. 16th
Davies, Mrs. H. B., 322 N. 16th
Davies, W. M.

Foote, D. A., Ramge blk

Hanchette, W. H., 323 S. 15th
Hayes, C. W.,
Holmes, H. P., 1708 Douglas st

Karten, J. W., 2120 S. 16th st

Lankton, Mrs. F. M., 1617 Dodge

Mann, Nettie,
Mann, J. E., Paxton Block
Moiarty, P. C.

Parsell, G.H., 121 N. 15th, Tel. 453

Quimby, S. J.

Sprague, C. G., 1812 Dodge
Swetland, Mrs. A. V.

Wood, O. S., 1502 Capitol av
Worley- H. A.

Andrews, B. B., Stella
Ashby, F. S., Fairmont
Atkinson, J. W., Wahoo

Bailey, B. F., Lincoln
Barnes, C. F., Elba
Bastin, C. V., Kearney
Barrette, J. E., Lawrence
Barber, W. H., Fullerton
Bell, D. R., David City
Bingham, O. E., Talmage
Blackburn, R. A., Elwood
Blythstone, M. C., Ord
Bourne, J. W., Nemaha City
Brand, F. W., Beatrice
Brown, C. W., Superior
Brumback, N. N., Beatrice
Buck, W. E., Minden
Buckner, E., Osceola

Carley, J. O. R., Pawnee City
Chamberlain, A. J., Ulysses
Chase, W. T., Loup City
Clapp, C. R., Neligh
Clark, H. L., Fairbury
Cooley, C. G., Lincoln
Cramer, W. E., Ord

Doris, A. H., Lincoln
Davis, S., Grand Island

Eaton, J. S., Lincoln
Eddy, A., Randolph

Fate, J. C., Weeping Water
Faulkner, A. O., Lincoln
Felch, A. H., Beatrice
Finney, E. B., Lincoln
Foristall, D. E., York
Foss, J. B., Crete
Friesen, J., Petersburg
Freeborn, G., Beatrice

Goodrich, J. L., Sargent
Guy, M. P., Lincoln

Haggard, J. A., Kearney
Hardesty, G. W., Maywood
Hackett, J. F., Exeter
Hawk, J. B., Grand Island
Heaket, J. W., Salem
Hingston, J. W., North Platte
Hough, J. P., Aurora
Howard, G. S., Talmage
Howard, Mary J., Hastings
Hullhorst, F., Yutan

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Hullhorst- C. G., Lincoln
Hullhorst, Paul, Scotia
Humphry, W. A., Plattsmouth
Holmes, L. C., Holdridge
Holopeter, E. M., Beatrice
Hugg, O. B., Trenton

Kern, G. W., Jr., Kearney
Kile, W. T., Plainview
Knight, F. M., Alliance

Lenox, R., Franklin
Lewis, I. H., David City
Link- O. C., Lincoln
Lutes, C. H., Fairbury

Merryman, T. J., University Pl
McAdam, R., Oakdale
McChesney, Josie, Osceola
Mackay, J. H., Madison
Moranville, J. W., Red Cloud
Moranville, C. F., Guide Rock

Neal, Geo. H., Falls City
Neiman, G. A., Creighton
Norris, U. H., Greenwood

Paine, B. L., Lincoln
Palmer, R. H., Alma
Perky, Lenore, Lincoln

Righter, F. B., Lincoln
Riser, F. L., Lincoln

Sabin, Mrs. M. L., Lincoln
Shafer, L. A., Linwood
Shoemaker, C. A., Lincoln
Shull, H. J., Auburn
Simmons, G. H., Lincoln
Simmons, M. E., Lincoln
Smith, W. P., Gothenburg
Spahr, C. E., Lincoln
Spatz, J. E., Fairfield
Starr, C., Beatrice
Starr, Mrs., Beatrice
Steel, Chas. H., Wayne

Tiffany, J. W., Grand Island
Thomas, A. H., Trenton
Tucker, F. W., Lincoln
Tulleys, J. W., Red Cloud

Van Sickle, A. R., Hastings
Verges, W. F., Norfolk
Voss, C. L., Columbus
Vradenburg, H., Sutton

Way, F. E., Wahoo
Wells, W. J., York
Welles, A. P., McCook
Whittier, G. N., Holdrege
Whittemore, W. F., Neligh
Wiard, A. J., Silvercreek
Winter, F. W., Wymore
Worth, R. F., St. Paul

NEVADA.

Herrick, L. A., Carson City

Lewis, J. A., Reno

Packer, Fred H., Virginia City

Wagner, P. Carson City

NEW HAMPSHIRE.

Adams, C. W., Franklin Falls
Alexander, A. C., Penacook
Atkinson, L. W., Conway

Benedick, F, L., Portsmouth
Bishop, C., Bristol
Briggs, C. D., Rochester

Campbell, G. A., Manchester
Christie, M. J., Antrim
Clark, H. F., Portsmouth
Collins, C. L., Nashua
Coy, H. B., Dover
Custer, E., Manchester

Darling H. H., Keene
Darling, W. W., Newport
Dodge, C. E., Manchester

Estes, Flora, Dover

Fisher, T. E., Francistown
Flagg, G. W., Keene

Gerald, F. L., Laconia
Greenlaw, S. N., Conway
Gage, G. N., East Washington
Gallinger, J. H., Concord
Gould, H. D., New Boston
Green, B. F., Wilton

Harvey, A. K. P., Somersworth
Hinds, W. H., Milford
Hobbs, A. W., Freedom
Hodgdon, F. A., Peterborough

Jewel, H. H., Nashua
Jones, D. L., Lancaster

Kempton- Mrs. A. H., Newport
Knight, E. A., Lebanon

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Lufkin, C. M., Alstead
Lull, Mrs. M. A., Milford

Morrill, E., Concord
Morrison, G. H., Whitefield

Piper, F. S., Hillsboro

Rogers, J. S., Canaan
Roby, G. F., Laconia
Rogers, T., Plymouth
Rounsevell, C. S., Nashua
Russel, A. S., Rumney

Sanborn, C. S., Hampton Falls
Sanger, T. E., Littleton
Sawyer, W., Pelham
Smith, G. R., Dover
Spooner, F., Lancaster
Stevens, C. N., Dover
Sumner, A. F., Claremont
Sweet, R. V., Rochester

Todd, A. J., Francistown
True, R. S., Manchester
Tucker, Henry, Lakeport
Tuttle, Walter, Exeter

Varney, Edith C., So. Newmarket

Ward, G. C., Sanbornton
Wells, H. C., Laconia
Wheatley, H. P., Farmington
Whitcomb, M., Coos
Whittier, J. P., Weare
Wiley, Mrs. R. W., Laconia

NEW MEXICO.

Beal, Guy, Tierra Blanca
Blinn, E. P., Chloride

Cunninnham, J. M., Las Vegas

Edmondson, B. H., Gallup
Eggert, William, Santa Fe

Gentry, W. D., Las Vegas

Haughton, T. J., Albuquerque

Maden, A. C., Mescalero

NORTH CAROLINA.

Pigford, E. S., Wilmington

Storm, W. E., Wilmington

NORTH DAKOTA.

Anderson, H. G., La Moure

De Puy, R. G., Jamestown

Ekern, A., Grand Forks
Eaton, Cora S., Grand Forks

Folsom, E., Fargo

Goeschel, L., Mandan
Green, D., Fargo

Hill, S. J., Fargo
Hill, Annie S., Fargo
Hovland, C. C., Mayville

Kendrick, F. D., Bismark

Long, D. H., Ellendale

Matthews, T. H., Oakes

Perkins, Kate L., Bismark

Reade, E. W., Mandan
Rutledge, S. W., Grand Forks

Smith, C. E., Grand Forks

Vidal, J. W., Fargo

OKLAHOMA.

Cooley, W. M., Kingfisher

Dean, C. A., Oklahoma

Frasier, E. A., Hennessey

Hamilton, W. S., Oklahoma
Harrington, Jno., El Reno

Light, Geo. W., Britton

Sprague, A. W., Kingfisher

OREGON.

Altman, L. G., Corvallis

Baker, J. D., McMinnville
Baldwin, Orpha D., Portland
Brown, E. C., Portland
Brown, S. A., Portland

Cartwright, R., Salem
Chamberlain, C. U., Albany

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Carlton, Callie B., Portland

Dale, J. S., Portland
Darr, Clara I., Portland
Day, C. H., Portland
Drake, H. B., Portland

Esheleman, D. C., The Dalles

Flint, L. V., Monroe

Garfield, H. S., Pendleton
Geiger, C. E., Portland
Geiger, William, Forest Grove
Griffin, D. B., Salem

Henderson, L., Salem
Howard- W. G., Astoria

Jefferds, H. C., Portland
Jessup, S. R., Salem

King, S. L., Portland
Koehler, A., Baker City

Macrum, C. A., Portland
McMicken, J. J., Portland
Miller, B. E., Portland
Miller, F. D., Portland
Miller, K. L., Roseburg

Nichols, A. S., Portland
Nichols, C. L., Portland
Nichols, Z. B., Portland

Oehme, F. G., Roseburg

Pelham, Anna, Union

Quigley, M. V., Portland

Royal, O., Portland
Ryder, J. M., Willard

Semler, P. J. A., Portland
Stevens, H. F., Portland
Spence, Jas., Kerby

Taylor, P., Amity

Vincent, A. W., Gresham
Vincent, S. R., Pleasant Home

Welty, Emma J., Portland
Wigg, George, Portland

RHODE ISLAND.

PROVIDENCE.

158,000 population July 1.

Allen, Thos. E., 822 Westminster st

Arnold, O. H., 29 Greene st
Arnold, Jeanie O., 18 Cabot st

Brown, A. W., 27 Burnett st
Brown, R. F. C., 176 Broadway
Brown, Lucy H., 624 Broad st
Budlong, J. C., 604 Westminster st
Budlong, M. S., 604 Westminster st

Canfield, Hector, 347 Butler Exchange
Carpenter, P. B., 430 Friendship st
Chase, R. H., 497 Broadway
Crocker, H. E., 154 Orms st

Denham, H. J., 197 Westminster st

Eaton, R. F., 197 Waterman st

Gates, E. C., 144 Smith st
Gauthier, Leo Didier, 506 Westminster st
Green, Chas. L., 16 Jackson st

Hasbrouck, S., 468 Broad st
Hall, Robt., 60 Cranston st
Howland, C. C., 248 Academy st
Hunt, Annie W., 217 Washington

Jacobs, J. C., 935 Broad st
Jewett, F. S., 9 Jackson st

Knight, E. B., 862 Broadway

Mathews, Mary D. M., 231 Broadway
Miller, Gardner L., 266 Benefit st
Mowry, Martha H., 148 Friendship st

Palmer, F. H., 610 Cranston st
Peck, Geo. B., 865 North Main st

Reed, Georgina D., Friends School

Sanger, Henry Mortimer, 1040 Westminster st
Sawin, I. W., 582 Broadway
Shipman, T. H., 284 Benefit st
Stevens, G. S., 1 Major st
Stone, W. H., 154 Orms st

Thurber, Emily M., 518 Broad st
Tillinghast, J. B., 129 Oxford st

Walker, P. F., 382 Cranston st
Whitmarsh, H. A., 9 Jackson st
Wilcox, G. D., 217 Washington st
Wood, A. H., 27 Oakland st

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Allison, G. F., East Providence 9,886

Bailey, C. E.. Norwood
Barnard, C. A., Centerdale
Bennett, J. H., Pawtucket

Carry, W. H., Newport
Chace, N. R., Newport
Champlin, J. C., Block Island
Chase, J. A., Pawtucket

Gooding, Gertrude, Bristol
Gottschalk, Wm. Von, Jr., Central Falls
Greene, Nathaniel, Middletown

Hasbrouck, C. J., Bristol
Hazard, W. H., Wakefield

Jenks, F. R., Pawtucket

Kingsbury, E. N., Woonsocket

Langmaid, G. B., East Greenwich
Lippitt, L. D., Olneyville

Macomber, W. S., Hope Valley

Pagan, F. C., Westerly
Phillips, Emma A., Pawtucket

Reed, R. G., Woonsocket
Roberts, J. E., So. Scituate

Sanford, W. F., Warren
Sisson, G. B., Hope Valley
Soule, G. C., Wickford
Sprague, A. G., River Point
Squires, A. F., Newport,
Stanton, N. G., Newport

Wheaton, J. L., Pawtucket
Wood, L. F., Westerly

SOUTH CAROLINA.

Cleckley, H. M., Charleston
Cleckley, F. V., Charleston

Peters, W. C., Frogmore

Whitman, J. A., Beaufort

SOUTH DAKOTA.

Adams, E. C., Watertown

Baker, J. A., Mitchell
Buchanan, Jas., Yankton

Burch, H. C., Miller

Churchill, H. J., Hermosa
Cawthorne, C. E., Henry
Cross, A. M., Canastota

Dickerson, Mrs. H., Richland
Dickey, J. W., Ft. Pierre
Ditmer, M. E., Sioux Falls

Epps, Franklin, Rapid City

Finnerad, H. M., Watertown
Fowler, D. C., Aberdeen
Fulford, G. H., Sioux Falls

Higgins, C. W., ——
Hockett, J. M., Pierre

Jennings, R. D., Hot Springs
Johnson, A. E., Waconda

Kennedy, H. M., Ft. Pierre
King, E. E., Alexandria
Kessler, Mrs. H. E., Hayti

Lowe, Wm., Wentworth

Murray, E. W., Yankton

Pease, H. G., Onida

Rogers, J., White Lake
Rosenbaum, F. W., Canton

Shouse, H. C., Plankington
Siddons, G. A., Hermosa
Smith, J. H., Groton
Stanfod, F. H., Deadwood

VonWedelstadt, H. A. L., Deadwood

Whitfield, A. A., Hot Springs
Whitfield, N. C., Hot Springs

TENNESSEE.

Bishop, F. D., Harriman
Baker, R. H., Watertown
Battin, D. W., Bristol
Bayless, H. G., Knoxville
Biddle, W. M., Columbia
Buddeke, J. W., Memphis

Caulkins, D., Knoxville
Crosthwaite, S. W., Nashville
Curtis, D. G., Chattanooga

Dake, William C., Nashville
Dake, Walter M., Nashvlle
Dicks, J. F., Nashville

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Ellis, Helen, Knoxville
Ellis, Sarah, Knoxville
Enloe, T. E., Nashville
Enloe, J. H., Nashville
Enloe, B. H., Nashville

Fisher, H. F., Nashville
Florence, J. B., Camden
French, W. W., Chattanooga

Griffith, Mrs., Chattanooga
Green, F. P., Memphis

Hardenstein, F. W., Memphis
Harper, E., Knoxville
Harrison, G. E., Chattanooga
Heron, N., Louisville
Hewitt, William, Memphis
Hicks, J. F., Bristol
Hicks, Thos. H., Knoxville
Hudson, F. G., Camden
Hudson, J. U., Gardner

Landis, H. Z., Memphis
Leachman, J. L., Summertown
Lindsey, G. L. A., Big Sandy
Lippincott, E., Memphis

McCreary, W. S., Knoxville
McMillan, Francis, Clarksville

Park, J. F., Conasauga
Parker, A. J., Spencer
Plimpton, Clara C., Nashville
Price, E. H., Chattanooga

Rath, William E., Chattanooga
Rickman, W. C., Humboldt

Sandel, J. J., Ethridge
Sheffield, Henry, Nashville
Smith, A. A., Gallatin
Smith, I. H., McMinnville

Troyer, Y. S., Memphis
Tydeman, W. W., Knoxville

Walborn, J. M., Harriman
Wheeler, O., Martin
Whitefield, T. A., New Providence
Wilson, C. G., Clarksville
Wylie, —— Memphis

Zierman, Chas., Memphis

TEXAS.

Barnett, J. W., Big Springs
Barker, Geo. W., Austin
Bayless, W. F., Ranger
Bean, — Waco
Beaumont, E. L., San Antonio
Bell, J. D., San Antonio
Blackman, Geo. E., Vernon
Blake, James H., Houston
Bliem, M. J., San Antonio
Bowen, Geo. R., San Antonio
Braden, C. F., El Paso
Bragg, T. H., Austin
Brenizer, N. O., Austin
Buck, A. O., Corsicana
Butler, E. A., El Paso

Clifford, Geo. G., San Antonio
Cluff, P. P., Galveston
Cohen, S. W., Waco
Coehrs, J. H., Galveston

Davis, A. P., Dallas
Davis, E. E., Dallas
Davis, F. S., Dallas
Dickey, F. J., Dallas
Dickey, J. W., Weatherford

Edwards, T. G., Blanco
Evarts, E. S., Abilene

Fowler, Ella M., Ft. Worth

Gasser, J. J., Austin
Gaverick, —, Iowa Park
Gordon, W. D., Austin

Hall, Mrs. A. T., Waco
Hall, W. E., Waco
Hall, E. H., Alexander
Harrison, W. H., Houston
Higgins, Geo. H., El Paso
Hines, E., Corsicana
Hurff, J. F., Galveston

Jones, Joseph. San Antonia
Johnson, C. E., Sherman

Keller, Mrs. M. Ellen, Ft. Worth

Leach, R. B., Paris
Lowry, C., Austin

Martin, ——, Waco
Mackenzie, W. Y., Weatherford
Mackenzie, J. R., Weatherford
Marks, T., Sipe Springs
Meadow, J. D., Sherman
Mercer, W. M., Galveston
Metz, M. S., McKinney
Morrow, H. C., Austin
Mussina, E., Austin

Pollock, J. R., Ft. Worth

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Purdy, J.D., Ft. Worth

Rew, C. H., Waco
Richards, Jennie, Boerne

Smallwood, R. C., Houston
Sherry, H., San Antonio
Sherbino, G. W., Abilene
Smith, W. L., Quanah
Smith, O., Paris
Stammer, P. A., Victoria
Stiles, H. B., Gainsville
Streeter, G. D., Waco
Sutton, F. L., Beaumont

Thatcher, W. F., Dallas
Thatcher, J. F., Dallas
Thornbill, G. F., Nanasota

Vosburgh, C. A., San Antonio

Warren, Anna, Denison
West, I. C., Dallas
Wilmot, E P., Austin
Wilson, C. A., San Antonio

Zindell, Elizabeth, Paris

UTAH.

SALT LAKE CITY.

Beattie, J.

Cannon, Martha H.
Colburn, E. L.

Douglas, C. I.
Dart, J. M.

Green, Mrs. M. J.

Hanchett, J. C.

Parmelee, G. V.

Shinnick, C. C.
Sikes, D. A.

Van Schoonhoven, Mary

White, Jno. P.
White, I.
Woodruff, E. D.

Brant, H. W., Eureka

Graham, E. B., Ogden

Reed, D. W., Ogden

Shock, W. H., Plateau

CLIPPINGS.

VACCINATION COMPLICATIONS. — According to Dr. Louis Frank, in the Journal of Cutaneous and Genito-Urinary Diseases, there are twenty-two complications of vaccination, classified as: 1. Those due to the virus itself; 2. Those due to mixed inoculation, and finally, 3, the sequelæ of vaccination. Among the complications which are due to the vaccine virus itself, there are nine different forms of eruptions. These include dermatitis, vaccina herpetica, erythema, and urticaria. Of the complications due to mixed inoculation, the most common is erysipelas, while the most serious and the most rare are tuberculosis, leprosy, and syphilis. Dr. Frank has given a very interesting summary of the complications of vaccination. He shows in a general way that they are due to the use of human lymph, or to the use of impure lymph, or to imperfect methods of vaccination, and that while vaccination may be attended with one or more of the twenty-two complications which he analyzes, yet if pure animal lymph and vaccine are used with care none of these complications need arise. Certainly it is absolutely possible to prevent all of the serious ones.—*Dos. Med. Rev.*

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The Medical Visitor.

A MEDICAL NEWSPAPER.

[Entered at the Lansing, Michigan, Postoffice as second-class matter.]

VOL. XI. NOVEMBER, 1895. No. 11

INTERESTING FAILURES.

BY J. B. S. KING, M. D.

Tilia H. Blonde girl, aged 18, of rather slight build yet well developed. About four months before applying to me for relief she was taken with daily hemorrhages from the lungs. These have been repeated from one to four times daily from that day to this. There have been no night sweats, little or no cough, no loss of weight, no afternoon fevers, no disturbance of the menses. There is a feeling of weight or oppression on the chest, aggravated very much by outdoor air, and relieved by a hemorrhage. Breathing in the open air produces great fatigue, felt mostly in the chest. The blood is generally bright red and liquid, occasionally darker and in small clots. It rises into the mouth easily, without much effort. The first thing she knows about it is that her mouth is full of blood. There is neither anxiety nor restlessness, appetite good, family history good.

Guided by the build and temperament, by the hemorrhages, by the oppression of chest, by the aggravation and amelioration, I prescribed Phosphorus, 1m. In three days she returned with her symptoms unchanged in kind, but aggravated in degree; hemorrhages now awakened her from sleep.

Placebo.—After five days she returned unchanged. A re-examination failed to elicit any thing new except that she often had palpitation of the heart, which only confirmed the use of Phosphorus, but Phosphorus did not help her.

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During the next six weeks China, Hamamelis, Ferrum, Aconite and Melilotus were tried without the slightest effect, one way or the other, with the single exception below noted. I trace these hemorrhages, whether correctly or not, to the inhalation of a very acrid alkaline dust, a washing compound which she was employed in putting into boxes. The exception referred to above was, that after a few doses of China she passed one entire day and night without any hemorrhages, but during that time the oppression on chest was so greatly increased that she welcomed the copious hemorrhage which relieved it next day.

J. S., aged 52, a well preserved and healthy looking Jew. A sudden attack of pain came on him at night, during the tempestuous and changeable weather of our western summer. The pain was seated chiefly in the leg between the knee and ankle, although it occasionally mounted the anterior part of the thigh as high as the groin.

It was worse at night, especially at midnight.

It was better from warmth.

It was better from walking.

It was worse during a change of weather.

About midnight it would awaken him from his restless and uneasy slumbers and drive him out of bed, to walk up and down the room, or to apply hot water for relief.

The patient was depressed, his tongue was coated thickly with a moist brown or yellowish white.

Surely these symptoms call for Rhus Toxicodendron. The tongue was not a typical Rhus tongue, but Rhus has such a tongue.

Rhus 200 did not help, nor did Rhus 30, nor Rhus 3, nor Rhus 0.

THE Southern Homœopathic Medical Association meets November 12th, 13th, 14th, at the Planters' Hotel, in St. Louis, Mo. Go with your wife and daughters. Go with a good paper. Go with a hearty good will to enter into the profits and pleasures of the meeting. Go determined to aid in building up the interest of this most important and progressive association. Go knowing a cordial welcome awaits you in that great city.

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THE REORGANIZATION OF THE BOARD OF PUBLIC HEALTH OF CHICAGO. RECOMMENDATIONS BY THE COOK COUNTY MEDICAL SOCIETY.*

Superintendent and Inspectors.

That the health department be presided over by a competent public health superintendent with assistants, whose whole time shall be given to sanitary supervision.

That there should be a competent health inspector for each ward, whose duties shall be to look after the various departments of sanitation in his respective district.

These inspectors should also have supervision of construction of buildings, and be familiar with all the details of ventilation, sewage, etc., including sewer building, arrangements for water closets, etc.

Inspectors should make daily reports at the close of each day to the superintendent of public health, and when necessary in cases of emergency, call into use the telephone.

The police should also be instructed in the essentials of sanitation, so as to have it help enforce the sanitary regulations, relating to the different parts of the city.

The local quarters of these ward inspectors to be at police stations or fire engine houses, as may be decided on by the superintendent of public health.

Each inspector should wear a badge of the red cross, and should have absolute power to enforce the sanitary regulations within his district, calling to his aid the police department if necessary.

The people of each ward should know who is their inspector and where he may be found, so that they may recognize his authority and where complaints should be made.

The inspectors should be transferred from one field to another, to enable them to become skilled in deciding the different problems of sanitation.

These inspectors should be appointed by competitive examination before a board consisting of the superintendent of public health and the professors of sanitation in the various medical colleges of Chicago.

* Read before the Cook County Medical Society.

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Public meetings of the public health authorities (superintendent, inspectors, et al.), should be held at least once a quarter at which papers will be read and discussed on all questions bearing on the public health.

To these meetings all physicians within the city should be invited, so as to make them also feel that they are guardians of, and deeply concerned in its health.

There should be also an annual meeting to which a general invitation be extended to the health officers of this and adjoining states and officers of the cities of various states should be also invited. The public should also be welcome.

There should be instituted a regular systematic method of collecting all garbage in each ward at least once a day, except ashes, and householders should be informed at what hour the scavenger wagon will be in their neighborhood, so that all garbage and kitchen waste, except ashes, could be collected daily while still fresh; two collections should be made Monday, morning and evening.

GARBAGE.

Creamatories should be established conveniently in different sections of the city, so that garbage may be quickly destroyed by fire.

Householders should also be instructed how to dry and burn all, or nearly all, the kitchen waste, except ashes, and so tend to reduce the scavenger collection to a minimum.

The garbage or kitchen waste should be deposited in tin pails or boxes convenient to empty into the wagon and so insure rapid collection.

The garbage wagon should have galvanized iron boxes, which may be readily dumped at the crematory; these boxes should be washed every day with some disinfectant.

The ashes may be deposited in the present garbage boxes, and any one found dumping kitchen waste therein (other than ashes) should be subject to fine.

The ashes should be collected each week by the city wagons, and used to fill streets.

Manure and other refuse should be removed by the owners at their own expense and upon notification of the inspectors.

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The removal of garbage from the alleys and streets, the removal of patients to the isolation hospital, should be under the commissioner of health, who also should have charge of all the creamatories, and all of the business details of this department.

T. C. DUNCAN, Chairman.
L. D. ROGERS,
J. D. CRAIG,
E. P. CLAPP,
W. E. FRUIT,
EMMA GEISSE,
C. B. WALLS, Secretary.
Committee.

RECOMMENDATIONS.

Your committee has made diligent inquiry for sanitary regulations for the city of Chicago, but can find very little information on the subject.

The mayor, Geo. E. Swift, informed the chairman of your sanitation committee that he had a plan under contemplation for the reforming of the sanitary department, and regulations for the city of Chicago.

The first thing a general of an army looks to, when going into camp, is to see about the provision of water for his army, the removal of the excrement, waste and garbage; so it is in a town or city; the authorities have to look carefully after the water supply, the sewerage, garbage and all those things which pertain to the health of the community.

WATER SUPPLY.

The great essential of drinking water is that it should be free from any chance of contamination from sewage, excreta. The city authorities should have absolute power over the public water supply, to protect it, closing wells, tanks or cisterns, if the drinking water is polluted thereby. The water should be inspected by a medical health officer, at all its sources at regular intervals, to prevent any possible pollution continuing long. The sources of pollution to water are many—it may be affected at its source, in its flow, in a cistern or tank, or in its distribution through a street, alley or building.

As Chicago obtains her supply chiefly from Lake Michigan,

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artesian and shallow wells, great care should be taken to prevent its pollution, whether direct as from sewage, percolations from offal or refuse of any kind. The scows, dredges, etc., should be prohibited from dumping their unsavory contents of filth and refuse within the lake.

The old dumping ground should be enclosed and made an island for the children's sanitarium.

Before the basin on the lake front is filled in, the retaining walls, which are to be built, should be so constructed that they will prevent any contamination, or refuse of any kind from entering the lake and extending out to the intakes or cribs.

The use of well water should be abolished within the city limits, unless it comes from artesian wells, and these artesian wells should be analyzed and inspected frequently, so that the public may be instructed as to their use or how they may use the water without bad results. All artesian wells should be carefully protected so as to avoid any surface water with sewage, from emptying or soaking into them.

SEWERS.

In the formation of public sewers, care should be exercised to have the soil free from those impurities which, under the influence of heat, water and air, generate effluvia and bacteria, which may enter houses by suction or otherwise.

Public sewers (and private too) should be well built so that neither the effluvia or contents may reach the drinking water pipes, in fact we think there should be separate and distinct subways for gas, water, electricity, etc., the sewers should be on the lowest level.

Sewage from water closets, public and private dwellings, laundries, manufacturing establishments, etc., should be so conducted through the city that it will not contaminate the drinking water, it should have a good fall and made to connect directly with the river or canal and never allowed to run into or soak into the lake, and so pollute our drinking water, as the sewage at present does so plentifully around Lake View, where a dozen sewers empty within about a mile of the drinking water intake; these outfall sewers should be made to empty into the forks of the river by some form of intercepting sewers, such as is now

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contemplated on the south side of the city. The Calumet river also, in place of emptying into the lake, should be so dredged as to carry its polluting contents the other way—away from the lake. The brickmakers could assist in this work.

All sewers should be aeriated at regular interspaces, such as at street intersections, where there is much space, but never in the middle of a block.

There should also be some regular system of flushing of sewers and flooding the streets in summer, especially in the densely inhabited parts and manufacturing districts.

SUBWAYS—GAS, WATER, ELECTRICITY.

We would recommend in the down town districts, at least in the principal streets thereof, such as State, North Clark and Madison streets, that there should be large subways or conduits for the purpose of carrying such pipes, gas, water, telephone and electric cables, such conduits as they have in the large cities of Europe—Paris, etc.

URINALS IN THE ALLEYS DOWN TOWN.

We would suggest that the city provide urinals in the alleys, especially in the down town districts: such urinals made of enamelled metal and are cast in parts, are easily put up or taken down, and vary in size to accommodate one or more persons; these urinals are quite common in large cities in Europe and a great public convenience, and a sanitary precaution.

GARBAGE.

We would recommend this city introduce the cremation of garbage: crematories should be constructed in various parts of the city, providing for the present and anticipating the city's future needs, that is to say, have these crematories large enough in the outside districts so that they will consume the present rubbish accumulations in a few hours, thus allowing at least one-third for the future development of the city.

We would also urge the people, hotels, hospitals, etc., to cremate their own garbage one or more times a day. The people in each ward should be also notified at what hours the garbage wagon may collect, so that they may have the refuse ready for removal.

We would also recommend that these garbage wagons call in

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the early evening; these wagons should be close-fitting or have boxes to close, made of zinc or galvanized iron.

In such cases, where the garbage is left over-exposed for 12 or more hours. the inhabitants or tenants should report to the inspectors, who will see to its removal, notifying the health department, etc.

The present wooden garbage boxes in the alleys and streets are very defective and are conducive to disease owing to the refuse deposited in them; they should only be used for receptacles of ashes.

REMOVAL.

The whole garbage service should be under the supervision of the commissioner of health: we would recommend that the city own all the garbage wagons.

OUTDOOR CLOSETS.

We would recommend that all outhouses, whether used by the inmates of the house or servants, be condemned and prohibited within the city limits, they are a fruitful menace to the public health; until these outhouses are abolished, we would urge that they be whitewashed with lime at least twice a year. These outhouses should be disinfected regularly in warm weather, not less than once a month. Some years ago there was such a rule in Chicago, but it has not been enforced for some time, so far as your committee can learn.

STABLES, BARNS AND COWSHEDS.

Stables, barns and cowsheds are a fruitful source of trouble, more especially the cowsheds; they should have plenty of light, ventilation, good drainage and some means of cleansing by flooding, and means taken to guard against exposure to contagion of every kind; this precaution is necessary as it is well known that milk is a very common carrier of disease, such as diphtheria; enteric and scarlet fevers are notable instances.

These cowsheds should be under careful inspection, and if they are not kept in a sanitary condition, the milk coming from that place should be condemned.

All of these buildings—stables, barns, and cowsheds—should be cleaned and whitewashed with lime inside frequently.

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MILK.

The present system or habit of delivering the greater part of the milk in Chicago, is very defective and dangerous to the public health: in place of the milk being brought down town and set out in the filthiest and most densely populated parts of the city, where the sanitary conditions are bad, we would recommend that the railroads deliver the milk at the out-skirts of the city, at stations created for this sole purpose, such as is done in the large cities of Europe; thus in Glasgow, each of its large passenger stations has a milk station one or one and one-half miles from the main passenger depots; there the milk is unloaded and the empty cans are delivered. This saves time to the railroad companies and avoids exposure of milk to contamination.

Each of these milk stations should have a health inspector, so that the milk may be rigidly inspected and tested microscopically and chemical analyses made from time to time.

The milk wagons should bear the label of daily inspection.

We would suggest that these milk inspectors be changed from one station to another frequently and the record of their predecessor kept from them, until necessary to confront them for negligence, etc., and by this means generate ambition among the inspectors for efficient work.

We believe that all milk delivered within the city limits, especially down town, should be pasteurized, and that it be delivered in glass or glazed stoneware vessels, not in tin or metal of any kind.

ICE.

We would suggest that all ice designed for Chicago—for drinking purposes—be rigidly inspected while being cut and put up; it should also be inspected in the city systematically, and when any impurities are detected the company supplying or manufacturing the ice be notified of the impurity for correction and warned in case of a repetition of this contamination that the ice will be condemned and such condemnation made public and its sale prohibited.

The ice wagons also should be subject to inspection and bear the inspector's stamp.

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ISOLATION HOSPITAL—PREVENTIVE MEDICINE.

Among civilized nations the subject of contagious diseases has been given much thought of recent years. The diseases now recognized as being contagious are smallpox, scarlet fever, measles, whooping cough, diphtheria, enteric, typhus and relapsing fever.

In order to prevent their spread buildings have been erected, known as isolation hospitals, for their reception, treatment and disinfection, so as to prevent the contagious person from mingling with the public or frequenting public places. To do this effectively three things must be recognized:

1. The nature, origin and condition of the morbific agent, the peculiar means of its travel—air, water or food.
2. The early removal of the person to a hospital assigned for such patients.
3. The disinfection and fumigation of the room and clothing.

In the removal of such patients we would recommend that the ambulance be warm and commodious so as not to expose the patient in the least. These ambulance wagons should be kept at the isolation hospital, where they may be disinfected immediately after use and a rigid quarantine maintained by the ambulance corps.

The health inspectors of the district should be present at the removal of such affected persons so as to prevent any contact of the people with those attending the ambulance or the patient, and thus tend to reduce the infection to a minimum.

The health inspectors should be required to go from house to house through his district at least once or twice a year, e. g. May and October, to notify those who have not a physician's certificate of typical vaccination that they must obtain such a certificate or be revaccinated if the case calls for that; in case of epidemics, the canvass should be more frequent.

The inspection of emigrant and passenger trains should be made daily.

We recommend that the various dispensaries be designated as "free public vaccination offices," where all pupils can go to be vaccinated. These stations should be supplied with virus by the city.

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NEW BUILDINGS, VENTILATION, SUNLIGHT, ETC.

In future new buildings should be rigidly inspected, to see that they are well ventilated, that the buildings are sufficiently far apart to permit a free flow of air passing between them: narrow or close alleys should be prohibited, and plenty of space created, either by moving buildings further apart, or condemning those adjacent.

In the smaller or humbler class of houses, provision should be made for plenty of pure air in the rooms; very small rooms should not be lower than nine feet ceiling to floor, larger rooms 10 to 11 or 12 feet, and the house so arranged as to permit a free air-flow.

The people should be instructed that no room should have a borrowed light, all rooms should have one or more windows opening directly to the external air, every window should open, especially at the top; and in addition to these permanent means of ventilation, they should also be informed of the great need of having their homes aired daily by opening the doors and windows to admit fresh air and sunlight. The bedding and bed clothes should be exposed to the sun's rays daily if possible.

FOUNDATIONS AND SOIL.

Buildings should not be put up on new or "made up" ground at least within three years after it has been made up, because of the decaying animal and vegetable matter usually deposited in the "dumping;" if the ground is converted from some factory, or an old graveyard that ground is dangerous for building purposes at least in one generation, unless thoroughly disinfected.

The site of the buildings should be thoroughly drained, so as to avoid any contamination or offensive effluvia; there should not be any cess-pools, manure heaps or uncemented holes, and the lowest part of the house should be high enough above the public sewers to give plenty of fall for the sewage from the house.

It is very deleterious to health, and a law should be framed to prevent people from sleeping or living in basements or cellars, which are more than two and a half feet beneath the street level; this law should be made equally emphatic whether the basements are of large or small buildings—among the dives, Chinese quarters, or in the tall sky-scrapers.

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INSPECTION OF PRIVATE AND PUBLIC BUILDINGS.

Public and private buildings should be inspected regularly, in order to see that the plumbing—gas and sewerage—is in the best condition conducive to the health of the inmates. There was such a law in Louisville, Ky., some years ago.

Saloon and basement establishments especially need this form of inspection; the odors emitted from the doorways is ample evidence of this; they are dangerous and should be declared a nuisance. No water closets or urinals should be allowed in basements, unless properly ventilated. In many of these basements there is not sufficient fall for proper drainage and the sewer gas, so common in such basements, is dangerous to the public health.

Instructions should also be given to the owners and inhabitants of the best means of keeping closets and urinals pure, clean and wholesome; water closets and urinals should be disinfected with a solution of Sulphate of Copper or Sulphate of Iron, at least once a week, and advise the frequent flushing of the pipes.

IMPURE AND UNWHOLESOME AIR IN PUBLIC BUILDINGS.

In large assemblies of people, such as in theaters, music halls and even in churches, the air breathed for a short time becomes very poisonous and therefore dangerous to the public health; we would urge that they be inspected and proper ventilation be provided to carry off and destroy the carbonic gas and poisonous animal matter exhaled.

Something like this has been done in this city, that is to overcome the impure air; in the Marquette school (Wood and Harrison streets) excellent results have been obtained from its experiment by a shaft which connects with each floor; the foul air is drawn down and passes through the furnace and so is "purified by fire."

GAS.

The gas mains and supply pipes should be under the supervision of the health inspectors; it is well known that gas escaping into the soil not only destroys vegetation but is also dele-

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terious to health. Gas companies neglecting to adjust imperfect pipes after due notice, should be subject to a fine.

T. C. DUNCAN, Chairman,
L. D. ROGERS,
J. D. CRAIG,
E. P. CLAPP,
W. E. FRUIT,
EMMA GEISSE,
C. B. WALLS, Secretary,
Committee.

REPORT OF SANITATION COMMITTEE.

At present there is very little legislation on the subject of sanitation, and we therefore would recommend the following rules to guide the volunteer sanitary inspectors for the various wards of the city of Chicago, and outlying towns in Cook Co., appointed by this Society.

I. These inspectors should know those things which affect or threaten to affect injuriously the inhabitants of their respective sections, wards or towns.

II. Each inspector should inspect his district systematically, at regular periods, as occasion may require (every day or several times a week), keeping himself informed of any conditions injurious to health within his district.

III. He shall ascertain the causes, origin and distribution of disease in his section and the extent to which these conditions can be removed or mitigated.

IV. Each inspector should be prepared to advise the sanitary authorities on all matters affecting the health of his district on sanitation, and in cases calling for it, to certify to other authorities on any subject affecting the public health.

V. Upon learning of any contagious disease in his district, he should see that the necessary precautions are taken against its spreading or becoming epidemic. Any neglect of the local authority should be reported to the chief authority, when he has satisfied himself that the said local authority is conversant with all the facts of the case.

VI. In epidemics in his district he should see that the school authorities are informed of this and its nature, so that the teachers may be on their guard for such, sending the pupil home as per their instructions (Rules and Regulations for the

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Board of Education for the City of Chicago, Sec. 64 says, "No pupils affected with any communicable disease or living in any building with persons thus affected, shall be allowed to remain in any of the public schools"). We would also have the principals and teachers insist upon a medical certificate from each pupil, who has been absent from school on account of disease, either in that of their own person or any one in the same dwelling, this certificate should also state that the pupil is beyond the period of danger to others, that the house and clothing have been disinfected, fumigated, etc., as called for by the sanitary authorities.

VII. In cases which are brought to his notice, or that he has reason to suspect, he should inspect any animal, carcass, meat, poultry, game, flesh, fish, fruit, and vegetable, corn, bread, flour, or milk, which is on sale, or intended to be put on sale, and if deemed unwholesome or unfit for consumption, he shall at once notify the proper authority.

VIII. Each inspector shall inquire into any offensive process of trade or occupation which is carried on within his district, and advise the proper authority, suggesting the best means of preventing or overcoming the nuisance, or injury to the public health which may arise from said nuisance.

IX. In cases calling for report to the local authority (city or town) the inspectors should keep a memorandum of same in a book, with details of the nature of the nuisance, date of the occurrence and the action taken by the local authority, as to the removal or discontinuance of the nuisance.

X. Each inspector will keep himself in touch with the Sanitation Committee of this society, and report at regular times, etc., giving information as to the work being done in his ward or town, and in any particular case, he shall receive information as to how he may act.

THE FOLLOWING IS THE PRESENT ORDINANCE FOR THE REMOVAL OF GARBAGE—TIME OF REMOVAL IN VARIOUS WARDS.

"The contractor shall remove in the First ward daily, in the Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth, Tenth, Eleventh, Twelfth, Thirteenth, Fourteenth, Sixteenth, Seventeenth, Eighteenth, Nineteenth, Twentieth, Twenty-first,

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Twenty-second, Twenty-third, Twenty-fourth, Twenty-ninth, Thirtieth, Thirty-first, Thirty-second, and Thirty-fourth wards tri-weekly; and the Fifteenth, Twenty-fifth, Twenty-sixth, Twenty-seventh, Twenty-eighth, and the Thirty-third wards semi-weekly (Sunday excepted)."

WHAT IS TO BE REMOVED.

All ashes, garbage and rubbish of whatever kind which may accumulate at any building or dwelling within the territory included in the contract, provided, however, the contractor shall not be obliged to remove garbage from any hotels, restaurants or cafés, where twenty or more guests are fed daily nor the ashes from boilers used for manufacturing purposes or those used for steam heating in office-buildings, but shall remove all garbage or other rubbish from said last mentioned buildings; and provided further that the contractor for the Twenty-first and Twenty-fourth wards shall on at least four of his routes provide an additional man to each wagon.

Ashes, rubbish and garbage is to be understood as meaning all materials removed from house or barn, or yard or other place, such as the contents of beds, paper from walls and refuse raked from yards, but shall not include unmixed earth thrown out of excavations or elsewhere, stable manure, dead animals, refuse materials from buildings in course of construction, night soil, or the contents of catch basins.

Garbage shall be understood to mean refuse animal or vegetable matter.

NEGLIGENCE OF CONTRACTOR PROVIDED FOR.

In case of neglect or refusal of the contractor to remove as above prescribed, all ashes, garbage and rubbish as herein specified it shall be the duty of the superintendent of the bureau of street and alley cleaning to cause the same to be removed at the expense of the contractor, and the cost of such removal shall be deducted from any money due or which may become due said contractor.

PROVISION AS TO WAGON COVERS, ETC.

All wagons used for the removal of ashes, garbage, and rubbish shall be provided with four yard boxes sufficiently tight to prevent the contents thereof from leaking or scattering on the

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street or highway, and shall be provided with suitable canvas covers to prevent ashes and other substances from being blown off or scattered by the wind and to hide the contents from public view.

NAME OF CONTRACTOR ON WAGON.

The name of contractor and number of wagon shall in all cases appear on both sides of the wagon used in the service, in the following manner, for example:

JOHN SMITH
SCAVENGER CONTRACTOR
1ST WARD—NO. 1

the same to be printed on a board 12 inches by 24 inches, the letters in red on a black ground, the letters of the first line to be three inches, the second line one and a half inches and the third line three inches.

The town authorities have control of a district a mile from their chartered town limits; all of the rest of the county not included in the cities and towns is under the control of the board of county commissioners.

THE LATEST.

The subjoined card shows that our therapeutic resources are in no danger of extinction. A careful reading of the contents of this document ought to reassure the most skeptical scoffer that the healing art is rapidly approaching the Divine ideal—perfection.

OSTEOPATHY.—Dr. —— has discovered laws in the human system, relating to the cause and cure of disease. From these laws he has developed a science, which he calls "Osteopathy," the adjustment of the bones of the human frame being one of the leading features. Almost all forms of disease have been treated successfully by this method, often after all othe known methods had been tried and failed. Among them are the following: All forms of fever, cerebro-spinal-meningitis, headache, granulated eyelids, dripping eyes, pterygium, dizziness, polypus of nose, catarrh, enlarged tonsils, diphtheria, croup, whooping cough, asthma, pneumonia, hay fever, goitre, indigestion, lack of assimilation, torpid liver, gall stones, neuralgia of the stomach and bowels, constipation, dysentery, flux, piles, fistula, irregularities of the heart, kidney diseases, female diseases, rheumatism and neuralgia of all parts,

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atrophy of limbs, paralysis, varicose veins, milk-leg, measles, mumps, chicken-pox, eczema, fever or coldness of any part of the system, nervous prostration, etc. The Osteopath adjusts the machinery and depends upon nature to rebuild and restore to the normal condition.

The discovery of "laws in the human system" is sure to arouse some antagonism amongst our legislators, but a trifling exhibition of jealousy is pardonable under the circumstances. Cancer, consumption, and gonorrhœa are still left to the medical profession. "All forms of fever," including hay and typhoid, are left us. The surgeons will rejoice that the vermiform appendix has not yielded to osteopathy. No system that did not include piles could stand for a moment, and diphtheria appears to be as easily disposed of as milk-leg and dripping eyes. Nature has, of course, an easy path after "the machinery" has been adjusted, and it is gratifying to reflect that even some small share is accorded to her in the noble work of healing.

Some acute philosopher once observed that "quackery always thrived upon the credulity of women and the certificates of clergymen." The new system already claims many adherents, ministers of the gospel quite properly occuping the front seats.

At some distant day some inspired intellect will unfold a system for the enlightenment of congenital fools. That such a system is in demand no humanitarian can for a moment dispute.

THE DOCTOR AT PLAY.

Wearied and harassed by the persistence of duns, the obstinacy of disease, the ugliness of bloomers and the tardiness of collections, Dr. Epilepticus Phitts, Jr., sought diversion in the precincts of a dime museum. There were eighteen excellent reasons why he should select a dime museum as a means of amusing himself, the first of which was that a dime was all the money he had; the second, that the *danse du ventre* was to be seen there in great perfection.

He passed by the negro homunculus who had but little body and no legs to speak of, with a jaded and inattentive eye; the parti-colored lady, whose hands and lips were as white as leprosy, and whose face and arms were as black as ebony wearied him like a twice-told tale.

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The strident voices, the awkward gambols, and the ancient jokes of the variety artizans (for artists they were not) stirred his soul with disgust and resentment; he lighted a cigarette and awaited with languid impatience for the *danse du ventre.*

Presently the curtain was drawn up upon an oriental interior. Slender columns supported Moorish arches, all brilliantly colored and highly ornamented with the multifarious entwinings of straight and curved lines peculiar to Arabesque architecture. Beneath these arches, reclining upon luxurious divans, were some half dozen or so of Moorish women, while a number of dark men, with the Turkish fez upon their heads, furnished the weird and peculiar music so often heard during the summer of '93 at the Midway Plaisance. All shabbiness of detail and tawdriness of decoration were obscured by a mist of tobacco smoke, which served to throw a glamour of unreality upon the scene.

First, a dancer of very mediocre ability was presented, probably to serve as a foil to that which followed. Then a man in a shabby-genteel dress suit and a very hoarse voice announced that Fatima, the former favorite of the harem of an eastern potentate, the delight of the crowned heads of Europe, the idol of the Parisian populace, etc., etc., who recently created such an immense furor in New York, and who had been induced at immense expense to favor this highly intellectual audience, would now perform her justly celebrated dance. Exit the shabby genteel man, wiping his nose with a dejected air. Then amid the blowing of trumpets and the beating of drums, Fatima arose from her couch, where she had been stretched at full length, and began to perform her so justly celebrated dance.

It was not dancing in the usual sense of the word, for dancing is a rhythmical movement of the feet, in which the body takes little other part than to be borne about. The dance of Fatima was a dance of the thighs and pelvis, a dance of the abdomen and bosoms, a dance of the arms and neck, the feet taking but little part in it. She had a singularly hollow back and her trunk was long and flexile. The lower limbs were covered modestly in loose gauze trousers. A very short blue silk jacket, wide open in front, disclosed the entire trunk arrayed in a tightly fitting silk shirt, through which her white skin gleamed.

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The eye of Epilepticus Phitts, Jr., ceased to be jaded and inattentive; he slowly puffed at a cigarette and narrowly watched every motion, and of motion, God wot, there was a plenty. There were wavings of the lithe arms, her flexile body writhed and twisted like the convolutions of a serpent; the whole abdomen twisted and twitched and jerked in a most surprising manner. The rocking pelvis swayed like the oscillations of a cradle, and her neck curved forward with a grace that was altogether ophidian. At intervals corresponding to certain strains in the music the whole pelvis was jerked violently forward, and these intervals began gradually to increase in frequency. All the movements were in perfect time with the music, and although they were occasionally violent there was no discord but always an alluring harmony.

Presently in the rapt and unsmiling face of the dancer, and in her increasing and almost frenzied movements there seemed to be an awakening suspense and an intense anticipation. Dr. Epilepticus Phitts, Jr., forgot to puff and his cigarette went out. The pelvic succussions became more and more frequent until at last in a wild outburst of music, in which that weird chord was dominant, she dropped to her knees, and went into a convulsion of such twisting, rocking, and writhing as threatened to dislocate the hips and separate the pubic bones. The head and arms were now rigid; the lip slightly drawn, disclosed a row of beautiful even teeth; the face expressed a fatuous ecstasy; a low inarticulate cry broke from her parted lips, and the dance (so justly celebrated) of Fatima was over.

Surely Alfred de Mussett must have had Fatima in mind when he wrote those lines so full of music and of energy.

Qu' elle est superbe en son désordre
Quand elle tombe les seins nus
Qu' on la voit, béante, se tordre
Dans un baiser de rage et mordre
En hurlant des mots inconnus.

And Epilepticus Phitts, Jr.! What did he? He relighted his cigarette and muttered: "I have seen the mystery of the East—*the poisonous East*—and I understand. But a physician of my tender years should not witness such a scene. I shall return to my office and to the study of chronic diseases, and perhaps I shall write an essay on the *danse du ventre* as a cure for constipation." BISK.

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A NEGLECTED SUBJECT.

There is a very important study—a necessary part of a physician's education, that has apparently been neglected in all of our colleges, and that is the general principles of business. It appears to the non-professional man as if not more than one physician in a hundred knows how to conduct his business in a business-like manner; and the result is loss of time, money, and in the end the business itself.

From the pharmacist one learns that entirely too many physicians do not know the significance of a sight draft, a two per cent discount (or cannot properly figure it), or a net price. The importance of prompt payments in order to enable the seller to live has never struck them.

In order, however, to pay promptly the physician must collect frequently. No one loses business in the long run by monthly collections, but, on the contrary, is apt to increase it, for he is looked upon as a man who has a business system in one direction, and hence in all. Aside from the weeding out of irresponsible patients by the prompt collection of bills, the physician actually collects more money for the same business than if he waited six or twelve months. Small bills are more easily paid than large ones and no discount is asked for. The habit of discounting bills is a bad practice, for the amount thus lost is large and patients are led to always expect to settle accounts at their own price.

Our colleges should insist upon a preliminary examination upon the subject of business, or teach the branch in the college curriculum.

All of which leads us to remark that delinquent subscribers can now remit without at all offending the editor.

DUNHAM COLLEGE NOTES.

The building is nearing completion. The roof being in place the workmen can rapidly rush to completion the remainder of the finishing. A house warming is announced for the first week in November.

A generous friend has given a thousand dollars to start a hospital. But as a hospital cannot be built for a thousand dollars

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the Dunham has no immediate prospect of such an addition. It has 60 feet of ground adjoining its building and hopes to have such an edifice in time.

The library of the late Dr. Charles J. Watts was given to the Dunham Medical College for the use and benefit of its students. Many a student will have cause to bless the memory of the donor. These examples of generosity are contagious. Mrs. Charles S. Duncombe, learning of Dr. Watts' gift, at once presented the college with the books of her late husband. Prof. Fahnestock donated a splendid bust of the lamented and beloved Dr. Gaylord D. Beebe, and in addition one hundred and forty-two volumes. Dr. E. Lathrop followed with a collection of rare and valuable works of the early founders of Homœopathy. Prof. Hoyne also gave a substantial collection of useful works. A few smaller gifts of books have been made.

The trustees received an offer to purchase the new building. Only two things prevented its sale. The party of the first part would not sell and the other party didn't have the money.

Dr. Wm. P. Wesselhœft, of Boston, has joined the Dunham's Advisory Board and will probably deliver an address in November or December.

CORRESPONDENCE.

The MEDICAL VISITOR cheerfully publishes the following letter because the photogravure is excellent:

DEAR DOCTOR: I respectfully submit the following for your careful perusal:

Clemens-Maria-Franz, Baron von Boenninghausen, Doctor of Civil and Criminal Laws and of Medicine, Knight of the Legion of Honor, born on the 12th of March, 1785, at Heringhaven in Overyssel, Netherland, and died at Muenster, Germany, on the 26th of February, 1864.

A biographical sketch of this distinguished scholar is published by the late lamented Drs. Carroll and Dunham and Adolphus Lippe, in the American Hom. Review, Vol. IV., p. 433, 1864.

I need not speak of Boenninghausen, as every homeopath

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knows him by his valuable works and his indefatigable labor in the good cause of Homeopathy.

He was associated with Hahnemann's immediate pupils, Stapf, Gross, Muhlenbein, Weihe, Hartmann and Ruckert. He was the link connecting the past generation of the master and the active generation of today—at once the venerable relic of the former and a trusted leader of the latter. He is, with justice, called "The Veteran of the Old Guard."

After a long and persevering research, I have finally been able to secure at a great cost, an authentic photograph of this genius and now I take pleasure in offering to my honorable colleagues and to the friends of Homœopathy an enlarged photogravure of Boenninghausen, by the best artists of New York.

It is printed on steel plate paper 20¼ by 24¼ in size, while the size of the portrait is 12¼ by 15½. The head is five inches in length. This portrait will undoubtedly find a welcome place in a reception room or office.

Besides, do we not owe a tribute of respect and veneration to one of our foremost leaders? No homœopath should be without one.

I have spared neither time nor money in my endeavor to present a genuine likeness of this veteran of Homœopathy. The price is $2.00 (two dollars) by registered mail to any address.

Remittance by check or money order payable in New York City, should accompany the order.

Yours fraternally,

JOHN ARSCHAGOUNI, M. D.

Box 2331, New York City.

HOMŒOPATHY EXCELSIOR.

Editor Medical Visitor:

This is the centennial of Homœopathy we are told. It would seem that now is the time to use every effort to impress upon the people that our cause is just; that the history of a century has proven that Homœopathy is true; that the treatment of today in our ranks is practically what it was a hundred years ago; that Homœopathy is revolutionizing the medical art. The only contention among us is along the line of closer rifle practice. The most successful practice in surgery even is where the

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similar remedy is given full sway in reparation. The inside history of the opposition to Homœopathy even in Chicago would make racy reading. The opposition of socalled friends of the cause would add spice to the narrative. Much of this is personal. Turn on the electric light Mr. Editor. T. C. D.

BOOKS.

The Elements of Surgical Pathology, with Therapeutic Hints. By James A. Gilchrist, A. M., M. D. Minneapolis Pharmacy Co., 1895. Price, $2.50.

This work is so well written, so full of sound teaching, and so valuable to the student of surgical principles, that we hesitate to offer even the slight objection that it contains too few pages. A hundred more pages added to the 340 now before us would have enabled the author to produce a more practical work. We refer to the therapeutic sections of the book. For example, seventeen pages of carefully-prepared indications are given for the treatment of neuralgia; acute gonorrhœa claims only two pages of indications, and syphilis is not dignified at all in the way of treatment beyond some questionable generalities. Abscess is quite as important, from the surgical standpoint, as arteritis, yet the former receives less therapeutic space than the latter. The chapter on tumors is disappointing; the classification as given by the author is likely to confuse the student, and is certainly far inferior to the model classification presented by Mr. J. Bland Sutton in his late work on "Tumors." Here, again, the work shows the same apparent haste and incompleteness when it comes to deal with the treatment of morbid growths.

The author has attempted to cover too much ground for the scope of his book. If he had omitted all mention of treatment, or had dealt conclusively with it where it is brought forward, an otherwise admirable volume would not have been marred by the conspicuous shortcomings to which we have referred. The introductory chapter is so rich in sound thought that it may seem an ungracious task to point out the parts that fall below it; and too much can hardly be said in praise of the chapters on diagnosis, prognosis, anæmia, and surgical repair. We could wish that a chapter, and a long one, had been devoted to the disas-

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trous results of the local maltreatment of gonorrhœa. It is not too much to say that the troublesome and often fatal complications of this malady are generally caused by irrational and harsh procedures which are aimed at the suppression of effects rather than the cure of the disorder. Dr. Gilchrist does not fail to record his protest (page 247) against the ordinary treatment, but he might have written a most valuable chapter upon this subject without departing from his text.

The shortcomings we have noted can be corrected in future editions of the work, for the book is sure to achieve and maintain a high place in the esteem of surgical students, and its enlargement and improvement are sure to come in due time. The author, who enjoys a rare reputation as a practitioner and a teacher, may well feel proud of his latest book, which, though somewhat unfinished, is full of true philosophy and valuable knowledge. C.

Clinical Lectures on Diseases of the Nervous System, by W. R. Gowers, M. D., F. R. S. Published by P. Blackston & Co., Philadelphia; pp. 279. Price, $2.00.

The physicians and students privileged to listen to this course of lectures were fortunate. The medical world is to be congratulated that it has them in this form to read and digest at leisure.

The book is full of exceedingly valuable points in diagnosis and differentiation.

The point Dr. Gowers undertakes to impress with force that a thorough knowledge of the present anatomy, physiology and pathology of the nervous system is absolutely essential to a diagnosis, and that the diagnosis should be made in each and every case primarily through this knowledge, is of the utmost importance. The sooner the older nomenclature and descriptions of diseases, as a basis for diagnosis, is relegated to the past, the better. The analysis of the different cases presented from the anatomical, physiqlogical and pathological base are clear and concise. The reader can get a better idea of how to study his case in such a manner as to arrive at correct conclusions, from this little work, than from most of the elaborate text books.

The workmanship is fully up to the high standard of these well known publishers. The proof reading accurate, and type clear and distinct, and the binding neat and substantial. D.

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The *St. James's Budget*, the weekly edition of the *St. James's Gazette*, London, one of the most conservative and authoritative of English journals, in its issue of July 27, ends its review of Funk & Wagnall's Standard Dictionary, as follows: "Nothing can be more complete than this, nothing more exhaustive. The excellencies of this book are so bewildering that whatever might be said of them there would be as much remaining to be said. To say that it is perfect in form and scope is not extravagance of praise, and to say that it is the most valuable Dictionary of the English language is but to repeat the obvious. The Standard Dictionary should be the pride of literary America, as it is the admiration of literary England."

A new monthly comes from Philadelphia entitled "*New Ideas*," and its columns are as full of ideas as an egg is of meat. It given information about inventions, discoveries, etc., and is published at 50 cents a year. Robert A. Balfour, 1210 Frankford avenue, is the editor and publisher.

The *Homœopathic Sun*, edited by our good friend Dr. E. M. Chaney, of Milledgeville, Ill., is also a new comer this month. It is to be run in the interest of the Mutual Benevolent Society, a new organization of which Dr. Chaney is the promoter. Send for a copy and learn all about it.

Conservative Surgical Treatment of Para- and Peri-Uterine Septic Diseases. By Fernand Henrotin, M. D., professor of Gynæcology, Chicago Polyclinic, etc. Reprint from the *Amer. Gynæcol. and Obstet. Journ.*

Perforation in Enteric Fever; its Surgical Treatment. By Frederick Holme Wiggin, M. D., visiting surgeon New York City Hospital (B. I.), etc. Reprint from proceedings of the Connecticut Medical Society, 1895.

The Osteopathic Fad. By A. J. Steele, M. D., St. Louis, Mo., professor of Orthopedic Surgery in the Missouri Medical College, and in the St. Louis Post-Graduate School of Medicine. Read before the Missouri State Medical Association, at Hannibal, Mo., May 21, 1895.

Herniotomy—Osteotomy. By Samuel E. Milliken, M. D., New York, Attending Surgeon to Randall's Island Hospitals.

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Reprinted from the *International Journal of Surgery,* December, 1894.

Letters to my Hospital Internes, Past and Present. By Casey A. Wood, M. D., Chicago. Reprint from *The Journ. of the Amer. Med. Assoc.*

De la Tuberculine, par le Docteur Mersch. Extrait du *Journal Belge d'Homœopathie.*

GOSSIP.

Dr. A. Donald has removed his office to the Endicott Arcade, rooms 295–6, Robert street, St. Paul, Minn. Telephone 1598-2.

At a recent meeting of the trustees of Jefferson Medical College, Philadelphia, the honorary degree of LL. D. was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.

Dr. Harvey Dale of Oshkosh was kind enough to revise the Wisconsin list of physicians in this number.

Dr. Pierson's trial for criminal libel came off in September, and the justice honorably discharged him, the offense not being proved. Dr. Pierson's witnesses, ten in number, were not even called to the stand, the prosecution having failed to make out a case.

Dr. Thomas M. Dillingham has removed his office from 46 West Thirty-sixth street to his residence, 8 West Forty-ninth street, New York City.

MICROBES.—The MEDICAL VISITOR quotes the following from a recent lecture by Prof. J. M. Crawford, of the Pulte Medical College:

"Modern investigation goes to show that the physician should devote himself to the sick organism, to assist it to return to its normal vitality, and not waste our time giving medicine to kill microbes after the disease has set in. The field of the physician has only been made more necessary by the investigations of micrology. I would like to say that, as far as treatment goes, this hunting for microbes to the exclusion of the treating of the general condition has not met with satisfactory results. The physician should follow his ancient lines, and remain where he has been for thousands of years, treating the system and keeping it up to par, that it may resist the attacks of these agents that bring about disease."

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OBITUARY.

Dr. Charles J. Watts of 871 Jackson boulevard, Chicago, died September 21, 1895, following an operation for appendicitis. He was born at Racine, Wis., November 27, 1868. Becoming interested in the science of Homœopathy he entered Hahnemann Medical College in 1890 and was graduated in 1893. He was extremely skillful in microscopy and had won an enviable place as a master of materia medica. Dr. Watts was unmarried and lived with the family of his father, Mr. J. Watts, one of the managers of the Northwestern Masonic Aid Association. At the time of his death Dr. Watts was a member of the faculty of the Dunham Medical College. He leaves a large circle of friends who will sincerely mourn his death.

RECENT DEATHS.

Chas. J. Watts died of recurrent appendicitis September 21, aged 27.

September —, Dr. J. C. Burgher, of Boonville, Mo.

September 27, Dr. Jas. E. Lilienthal, aged 50, of San Francisco, Cal.

September 27, Dr. E. P. Gaylor, of Alameda, California.

Oct, 12, Dr. Sam'l M. Angell, aged 72, of New Orleans, La.

At a meeting of the staff of the Brooklyn Hahnemann Hospital, held October 8, Dr. R. K. Valentine was elected president. Resolutions of sympathy were adopted on the death of Dr. Edward J. Whitney, the former president of the board. The resolutions were offered in the regular form, as follows:

"Resolved, that we enter upon our minutes a note of our profound sense of the loss incurred in the death of our late president, Dr. E. J. Whitney. As a friend, as a physician, as an officer of our staff we shall miss and mourn him. The relationship we all had with Dr. Whitney was so intimate and so long continued, the affectionate regard in which we held him was so brotherly, we feel that formal resolutions of regret and condolence would but ill express the sense of our great personal loss and of our sympathy with his family and intimate friends; but desiring to testify our respect and love for him, we, the members of this staff, hereby constitute ourselves a committee to establish a Whitney memorial bed in the Hahnemann Hospital, endowing it in perpetuity as our monument to one whose death we feel was but a translation to a brighter and a better world."

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LIST OF HOMŒOPATHIC PHYSICIANS.

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Atwood, Mrs. L. B., Newberry

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Bowen, E. S., Brattleboro
Boyce, A., Rutland
Bray, C. S., White River Junction

Cheney, A. A., Lyndonville
Clark, E. W., Derby
Colby, G. W., Sutton
Colvin, H. E., Burlington

Davis, F. H., Lyndonville
Davis, D. B., West Burke
Dow, N. L., Sheffield

Fish, I. H., Roxbury
Flanders, C. A., Pittsford
Forbes, Geo. I., Burlington

Gale, C. A., Rutland
Gatchell, R. A., West Charleston
Gee, O. A., Brandon
Gillett, W. S., Marshfield

Hall, E. J., Bristol
Hall, C. B., St. Johnsbury
Hamblin, J. R., Hancock
Hamilton, M. F., Middlebury
Hazlitt, James, Moretown
Hazelton, H. J., Barnet
Holden, C. P., Windsor
Horton, A. E., East Poultney
Hollister, W. C., Bennington
Humphrey, F. M., Burlington

Jones, J. H., Bradford

Kilmer, A., Ludlow
Kirkland, Ed., Bellows Falls

Lance, R. W., South Woodbury
Lance, J. D., Montpelier
Leavitt, F., South Royalton
Locke, W. E., Corinth
Logan, A. N., Woodstock

Martin, S. S., East Hardwick
Mayo, J. H., W. Randolph
Mayo, W. B., Northfield
Minard, W. F., Waterbury
Moore, A. F., Shrewsbury
Murray, A. S., Fair Haven

Noble, D. C., Middlebury
Norton, A. C., Middletown Springs

Packer, H. E., Barre
Packer, J. Q. A., Marshfield
Parker, E. K., West Cornwall
Partridge, Mary E, Bennington
Putnam, W. E., Bennington

Roberts, G. A., Castleton
Rowell, G. B., Barton Landing
Ruggles, A. M., Barton

Sanborn, G. R., Bristol
Scott, M. L., West Randolph
Shattuck, J. F., Wells River
Smith, M. D., Middlebury
Sparhawk, Sam'l, Burlington
Sparhawk, G. E., Burlington
Sparhawk, S. H., St. Johnsbury
Steele, F. E., Gaysville

Van Deuser, J. M., Waitsfield

Wager, S., Burlington
Waugh, T. R., St. Albans
Weaver, H. V., St. Johnsbury
Whittaker, E. B., Richmond
Whittaker, E. E., Newport
Worcester, F. D., Springfield
Wyman, E. L., Manchester Center

VIRGINIA.

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Bagby, G. A., Danville
Bagby, Geo. F., Richmond

Corbett, H. C., Arlington

Douglas, M. E., Danville

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Hawkes, I. J., Richmond
Hobart, W. J., Gayton
Hobson, J. V., Lynchburg

Janney, Dan., Grimes
Jones, J. P., Petersburg

Lyon, W. S., Fancy Gap

Maynard, E. V., Winchester
Moncure, W. P., Fairfax C. H.
Moore, C. A. R., Mt. Jackson

Perkins, R. S., Norfolk
Pitcher, A. O., Roanoke

Riddick, N. H., Norfolk

Stone, Geo. L., Richmond

Tabor, Geo. A., Richmond
Thompson, A. S., Cifax

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Webster, F. B., Norfolk
Williams, E. C., Richmond

Young, C. B., Lynchburg

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Buffum, H. S., Walla Walla
Burns, G. M., Dayton

Carpenter, L. W., Seattle
Casper, J. H., Farmington
Caswell, G. G., Ocosta
Churchill, F. A., Seattle
Clowe, W. B., Walla Walla
Corey, R. C., Olympia
Cowdrey, Mrs. H. C., Whatcom

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Dow, Geo. H., Vance

Egbert, W. A., Seattle
Emonds, W. G., Seattle

Fail, E. W., Seattle

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Hughes, M. E., Spokane

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Young, T. M., Seattle

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Day, G. F., Martinsburgh

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Morrison, Benj., Wheeling
Muhleman, C. W., Parkersburg

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Slye, L. C., Baraboo
Sorenson, Mary, Patterson
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Squire, W. W., Marinette
Squires, H. D., Sheboygan
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Sutherland, Q. O., Janesville
Suttle, H. J., Viroqua
Sweet, A. B., Minocqua

Taber- L., Stephensville
Titus, W. H., Oshkosh
Treat, C. R., Sharon

Treat, C. R., Jr., Sharon
Trowbridge, W. M., Viroqua

Vance, J. W., Madison
Vanderlinder, C., Beloit
Violet- M. G., Waukesha
Van De Linder, Ettie, Beloit

Wade, F. S., New Richmond
Wallace, E. P., La Crosse
Walters, F. A., Stevens' Pointe
Warner, A. M., Waukesha
Weaver, C. H., Glenbenlak
Webb, W. B., Beaver Dam
Webster, B. N., Superior
Weed, H. M., Oshkosh
Williams, D. R., Woodhull
Willis, R., Brodhead
Wilson, W. H., Byron
Wilson, W. W., Wausau
Wolcott, L. A., Berlin
White, A. C., Racine

WYOMING.

Barnes, L. S., Laramie
Blackburn, C. H., Evanston

Quinby, S. J. Cheyenne

CLIPPINGS.

A CHINESE doctor in setting a bone wraps a chicken's head amongst the bandages to insure rapid healing.

ACCORDING to a recent pamphlet by an Italian doctor, a sure way of restoring life in cases of syncope is to hold the patient's tongue firmly. After two other doctors had worked for an hour without result over a young man who was apparently drowned, he thrust a spoon into the patient's mouth, seized the tongue, and worked it violently until the patient gave signs of life.

BANANAS AS FOOD.—The banana seems to be as poor an article of food as the potato, which it greatly resembles, containing 1.71 per cent. of albuminoids, whilst the potato contains the same proportion. Man under normal conditions requires 4.2 oz. of flesh-forming substances daily, in order to obtain which from bananas he would have to consume fifteen pounds of the fruit, containing nine pints of water. Bananas, then, are unsuited to man's diet, although a delicious accessory to more nitrogenous food.—*Fam. Doct.*

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The Medical Visitor.

A MEDICAL NEWSPAPER.

[Entered at the Lansing, Michigan, Postoffice as second-class matter.]

VOL. XI. DECEMBER, 1895. No. 12

ARE TOO MANY OPERATIONS PERFORMED?

BY HOWARD CRUTCHER, M. D., CHICAGO.

Is the knife used too freely at the present day? The impression seems to be pretty general that it is.

It is to be observed, however, that the critics generally confine themselves to vague generalities. The charge is made that the profession is surgically mad, and that no man is safe from the ripping and slashing now going on. That more surgery is done than in former times is admitted; but that there is today any startling outbreak of murderous operating is not true. Perhaps there are some individual operators who are pursuing personal whims to the detriment of their patients, but these isolated instances must not be charged against the general body of the profession. It must be remembered that every generation has raised a cry against surgical advances. Ovariotomy was assailed with ferocious bitterness from one end of creation to the other. The supra-pubic operation for stone, so universally popular today, was once set down as a criminal experiment. Less than fifteen years ago the writer saw a celebrated surgeon place a piece of absorbent cotton on a perforating gunshot wound of the abdomen, and declare as he did so that it represented his treatment of that class of wounds. The ligature was something like two hundred years coming into full favor. Few surgical procedures have been fortunate enough to escape the vindictive meat-axe of conservatism which naturally resents the aggressions of the keen scalpel of progress.

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The critics ought to furnish a bill of particulars. What operations are being overdone? The gynecologists are, of course, blamed as the ring-leaders of our present calamitous condition; yet I venture to say, without being one myself, that their surgical work contributes more to the comfort of the human race than any other kind of surgery. They restore the perinæal body; they repair a disease-producing cervix; they relieve cystocele and rectocele; they correct a score of petty troubles that wear out a woman and shorten her days, without once invading the domain of major surgery, strictly speaking. There is no doubt that major gynecology will receive a thorough overhauling as time goes on, and its limitations will be outlined with tolerable clearness before long.

The individual case must, of course, be left to the individual operator; criticism, therefore, must be of a general character, and there really seems to be no lack of honest study and candid expression in modern gynecology. The gynecologists themselves must decide the fate of gynecology; and it may here be observed that the aimless and generally mischievous carpings of outsiders will add nothing to the weight of controversy.

My personal belief is that bungling therapeutics are responsible for the development of many surgical conditions, but as we have to deal with conditions, rather than the causes that produced them, it is idle to abuse the surgeon for doing something demanded by the necessities of the case. A preliminary lecture to therapeutic bunglers would be a more rational procedure.

A lack of thorough pathological training is at the bottom of much vicious surgery. There are too many mechanics—too few surgeons.

The puerile shafts of certain therapeutic cranks against legitimate surgery has done much to disgust rational men with a great deal of surgical criticism. One of this class recently allowed a woman to bleed for days under doses of his medicines until a threatened collapse caused the patient's family to call Dr. Sheldon Leavitt, who promptly removed a decaying fœtus and membranes and cured the patient. The incident caused considerable amusement among rational physicians, and it is not likely that the adverse criticism of the blunderer referred to would cause more than a derisive smile wherever he is known.

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A bill of particulars is in order. There is room for abundant criticism of the right sort, which cannot fail to be instructive and practical. Therapeutics and surgery are not independent of each other; neither can prosper legitimately at the expense of the other; both have much to gain, and nothing to lose, by a proper definition of the limitations of each.

103 State street.

BLOOMERS.

The bread editor of the MEDICAL VISITOR having been asked by a lady subscriber for his opinion of bloomers, replied: "That the very voluminous bloomers coming to the gaiter, so frequently seen nowadays, are more unhandsome and not less cumbersome than skirts; like overfermented bread, they are apt to be full of vacuity and wind. He therefore withholds his approval from this sort.

"The kind worn with leggings, whether amplitudinous or exiguous, are not desirable. Under pretense of a spurious modesty, they deform what is beautiful, make clumsy that which is graceful, and give a jockeylike air to the lovely woman who wears them.

"Moreover, one may, by the use of the reasoning faculties, soon show their logical absurdity; for if the legging is to hide the stocking, madam, and the stocking is to hide the leg, by what rules of corporeal concealment should we stop at the legging? Go on, by all means, and hide the legging by an underskirt, and the underskirt by an overskirt, and the overskirt by a pelisse, and the pelisse by a roquelaire, and so on through an infinitely ascending series, until the human form is lost in an interminable series of garments.

"If any woman (no matter how lovely) were to get a good view of a rear elevation of herself in either of these varieties of bloomers, the bread editor feels assured that she would need no other argument to cause her to eschew them.

"The boundless convexity of girth, and the extremely Dutch style of her architecture, would instantaneously effect a cure."

The bread editor now placed a good-sized piece of dough on the table, and, by a few deft rolls, and pats, and punches,

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formed a beautiful lower limb from just above the knee to the foot, then continued:

"The leg, in common with all parts of the human form, is constructed upon certain slow, or gradual curves of beauty. If, by means of clothing or drapery, more than two-thirds of any given curve is hidden, the whole effect of the said curve of beauty is lost or destroyed. You have only to look at the recent style in dresses to see a proof of this. They expose the neck from its root up, and they detract from the beauty of every woman who wears them.

"Mind you I do not say that they turn a beauty into a fright, but I do say they make a beautiful woman less beautiful, and that they make a hideous woman more hideous. The reason is because that majestic curve by which the neck is based upon the trunk is shown just sufficiently to ruin its beauty. If you show so much, you must show more.

"The same is true of the leg. I say leg, madam, because it ill comports with the dignity of a medical editor (even though limited in his functions to those things appertaining to bread), to be finicky in his use of words. It is the same with the leg, an exposé from the foot up to anywhere below the garter line destroys all its beauty and grace.

"Now, madam," he continued, dashing some drops of sweat from his brow into the dough, "be pleased to put these principles into practice and what do you get? You get bloomers of *moderate* looseness, extending down to just *above the knee.* That is the finis, conclusion and upshot of the whole matter. If to this you add black stockings of the *finest* and *thinnest silk,* I care not for the shoes, you may select any kind that pleases you best, but although I am not overfond of the pointed toe, but on that we shall not quarrel, but never forget that *wrinkled* stockings are an unpardonable—"

"Thank you," said the lady, "your advice is not only moral but instructive. Pray, what do you think of the present mode of wearing the hair?"

"I will tell you," said he with energy, and he did, but as he discoursed for the best part of three-quarters of an hour, and we have given him all the space he is entitled to (perhaps more), what he said upon hair shall remain in perpetual obscurity.

BISK.

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AN INTERESTING MEETING AT GOSHEN.

The ninth semi-annual session of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held Oct. 15, in parlor A, Hotel Hascall, Goshen. Dr. T. C. Buskirk, in the absence of the president, Dr. I. O. Buchtel, Auburn, in the chair.

Members present: Drs. E. W. Sawyer, Chicago; T. C. Buskirk, White Pigeon; W. H. Shaw, Constantine; Geo. A, Whippy, Ligonier; John Borough, Mishawaka; J. E. Barbour, Bristol; A. L. Fisher, Porter Turner, and H. A. Mumaw, Elkhart; W. A. Whippy, and W. K. and W. B. Kreider, Goshen. Dr. C. F. Ellis, Eureka Springs, Arkansas, was present as a visitor and took an active part in the discussions.

A number of letters from absent members and friends of the association were read, expressing regrets at their inability to be present. The meeting was called to order at 1 p. m. by the second vice-president, and after roll call, the minutes of the previous meeting were read by the secretary, Dr. H. A. Mumaw, and approved. After the reports of the treasurer, necrologist, censors, delegates from other societies, and collection of annual dues, the regular work of the association was in order. First, reports of Bureaux: Surgery, Dr. Turner; ophthalmology, Dr. W. B. Kreider; materia medica, Dr. Franz; practice, Dr. Shaw; gynecology, W. K. Kreider; pædology, Dr. Lieb. The follow-papers were read and fully discussed by all the members present: "Laryngeal Diphtheria," Dr. Turner; "Middle Ear Diseases Resulting from Lagrippe," Dr. W. B. Kreider; "Two Cases of Malignant Diseases of the Uterus," Dr. Fisher; "Vaccination—Dangerous Grounds," Dr. Shaw; "Gynecological Cases," Dr. M. K. Kreider; "Constipation of Infants," Dr. Buskirk.

Reports of cases—Drs. Ellis, Sawyer, Barbour, Mumaw and Kreider. Chairmen of Bureaux for the next meeting were appointed as follows: Surgery, Dr. Buchtel; opthalmology, Dr. W. B. Kreider; materia medica, Dr. Geo. Whippy; practice, Dr. Barbour; gynecology, Dr. Franz; Pædology, Dr. Turner.

The meeting was one of special interest and profit. All the members expressed themselves as highly pleased with the papers discussed, and the excellent accommodations afforded by the

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Hotel Hascall, and the local committee, of which the old war-horse, Dr. W. A. Whippy, was chairman. It was unanimously decided to hold the next meeting at Elkhart on the first Tuesday in May, 1896. Adjourned.

SUPPRESSED GONORRHŒA.*

T. S. HOYNE, M.D., CHICAGO, ILL.

Mister X, a young man much given to dissipation, called me in the middle of the night. I found him suffering greatly from intestinal colic. He had used, during two or three hours, for its relief, brandy and ginger, a pain-killer of some sort, and hot water bags. Nux-vom. relieved him in the course of thirty minutes. Three or four days later he had another attack, and the Nux again relieved him. A few days later there was still another attack, and again Nux relieved. I then asked him to come to my office the next day as I wished to find out, if possible, the cause of these attacks.

He called, and I obtained the following history: Several times each month he went on a spree with the boys, and always became intoxicated. During one of these sprees he contracted gonorrhœa, but he was "all over it now." His gonorrhœa was treated solely by injections, which dried it up in a very few days. In fact, he greatly praised the doctor for the rapidity of his cure. Being satisfied that the colic had some connection with the suppressed gonorrhœa, I gave him Medorrhinum 1m, and asked him to report in a week. He did so, and then complained greatly because the gonorrhœa had returned. A few doses of Medor. 1m cured the gonorrhœa, and the colic never returned. Two years have elapsed, and, although the young man has not greatly altered his habits, he is now satisfied that colic and gonorrhœa are sometimes intimately associated.

Mr. W., a gentleman just passed fifty, who had kept a mistress for a year during the absence of his family in Europe, complained of an itching spot upon the foreskin a week after having had sexual intercourse with his wife. During the year he had had no trouble with his sexual organs, but as soon as the

*Read before International Hahnemannian Association.

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wife returns trouble begins. The wife had been very sick during the voyage home, and had not eaten a good meal during the entire ten days. She was consequently anæmic and an acrid leucorrhœa had made its appearance.

Supposing the affection of the husband to be simply a slight irritation of the skin, nothing much was done for it. But it grew worse, and remedies prescribed had little effect. He went on this way for a month or more, the irritation—not ulceration—of the skin continuing. Meantime, upon my advice, he occupied a separate bed and left his wife severely alone. She soon recovered from the effects of the attack of *mal-de-mer* and became well and strong. One day, after a report that he was no better, I said, in desperation: "Are you sure you have not had an attack of gonorrhœa the past year?" He answered, "I hardly know. I had a slight burning in the penis for a day or two with a slight discharge of mucus, and a physician of the regular school gave me an injection of olive oil with sulphate of zinc or nitrate of silver, I don't know which. This stopped the burning, and I never thought of it since." Medor. 1m was given, and in a short time the worst case of gonorrhœa I ever had to deal with made its appearance. The discharge became bloody, almost amounting to a hemorrhage. It was very profuse all the time, sometimes thick and greenish, at others thick and yellowish. Nitric-acid controlled the tendency to hemorrhage. Merc.-sol. helped when the discharge was greenish, but did not stop it. Sepia aided when the discharge was yellowish, but did not stop it. Capsicum greatly relieved when the discharge was whitish and accompanied by great pain. Agnus castus finally cured the patient after both he and the doctor had become completely discouraged. Never before nor since have I had such a long and tedious case, extending over a year, to treat.

DISCUSSION.

Dr. E. P. Gregory—I had a somewhat similar case in an expert brass finisher. Although not over twenty-eight years old his hair over the whole left temporal region was white. The attacks came at intervals of three or four weeks, and incapacitated for fully one-third of the time. He had the facial spasm often accompanying tic douloureux. This neuralgia had gone

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on for several years, and the patient had received old school treatment in the principal cities of the Union from Boston to New Orleans. One dose of quinine of forty grains nearly laid him out. Nux-v. cured him completely, so that he gained twenty-five pounds inside of three months. After three years spent in Ohio he returned to Connecticut, and, while awaiting the arrival of his family, contracted gonorrhœa. On his demanding a prompt cure, he was assured that he would receive the same treatment as my own brother under like circumstances, and warned to avoid all injections, as no one could tell where or in what form his old enemy might develop if this disease was suppressed. He received a prescription, but I learned a few days after that he had gone to another physician, who gave him an injection, and he was "doing nicely."

A few days thereafter the patient was reported to me by a friend as lying very low with "neuralgia of the bowels." At the expiration of about three weeks he dragged himself into my office, and, although told to get out, insisted upon a prescription, ℞ Pulsatilla 200 D. Three powders. The remedy was given with malice and aforethought. Three days later he reported as feeling like a "fighting cock," but that the discharge was "something awful." The patient was ordered to let it run, and at the end of two weeks reported himself as perfectly well.

H. D. was "pretty full" when he asked for a prescription for gonorrhœa. Inasmuch as the applicant would never drop any of his vile habits even during medication, he was informed that medicine would do him no good. Payment in advance was tendered, and he received Agnus cast. 30. A year or more after a second prescription was called for, and I was informed that although he had previously had a number of attacks, those sugar pills cured him more promptly, and, what was more, made him more vigorous than he had been before in years.

Dr. Allan—About five years ago, a man who had gonorrhœal rheumatism for some years came to me for treatment. There was tenderness about the ankles and on the soles of the feet, swelling of some of the finger joints, scarcely able to walk, suffering much pain. From the history of the case, I gave him Medorrhinum, one dose a week. At the end of five or six weeks the discharge returned and gradually the tenderness and pain in

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the joints and the feet left him. The discharge lasted six weeks or two months and then disappeared. Since then he has been perfectly well, there has been no return of the rheumatism; he has grown stout, married, and has a family of two children.

Dr. Hoyne (Essayist)—My rule is, of course, to stop all stimulants, but I once had a case of a man who worked in a brewery where they allowed each man thirty glasses of beer a day to drink. I told him to stop the beer, and he said, "My goodness, it is my food." I then asked him to cut the quantity to ten glasses a day, and he finally agreed, and the medicine cured him up in a short time.

Dr. Fincke—That reminds me of a case. A woman came to me, saying that her husband drank to excess and was a nuisance to himself and to the family. She wanted something to stop it, but said that he would take no medicine. The only way to give it to him was in his beer. I gave her to understand that I would not be responsible for the action of the remedy thus given, but gave her a high potency of Nux vomica the 9c. It was given to him in the beer and actually stopped his drinking for a long time.

OME OBSTETRICAL EXPERIENCE.*

T. S. HOYNE, M. D., CHICAGO, ILL.

In the fall of 1873 Mrs. B. engaged me to take charge of her anticipated confinement, due in a week or so, and informed me that she would certainly die of hemorrhage during delivery. Mrs. B. was a perfect stranger to me, never having seen nor heard of her before, but I did everything in my power to convince her that there was no real danger of such an unfortunate occurrence. However, she went home unconvinced by what I had said.

It was about ten days after our first interview that she sent me word that the hemorrhage had commenced and desired my immediate attendance. Upon reaching the house I found that labor had actually begun, although progressing slowly, and that there was no sign of hemorrhage aside from the show. Upon exam-

* Read before the International Hahn. Asso.

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ination I found a right occipito-illiac presentation. The pains continued strong and regular, but no signs of hemorrhage. An hour or more passed, when a re-examination was made, and a breech presentation found. It was then I discovered that I had twins to deal with. The breech was pushed up out of the way, allowing the head of the other child to become engaged, and in course of time the child was delivered, both ends of the cord tied to avoid possible trouble, and then search made for the other child. It was found to be following rapidly, head first. In fifteen minutes, at the outside, it was delivered, and the cord was carefully tied as in the first delivery.

The twins were turned over to the nurse, and my time was given entirely to the removal of the placenta or placentæ. One hand was held upon the fundus of the uterus, and with the other gentle traction was made upon the cords. With one or two pains the placenta was delivered, followed by firm contraction of the uterus. Up to this time, hardly an ounce of blood had been lost. I held the uterus firmly for several minutes, possibly ten, although I did not time myself, when the nurse desired my presence in the adjoining room. I placed my student's hand upon the uterus, and told him to hold it firmly until I returned. He certainly had as firm a grasp of the organ as could be desired. Returning to the room in less than two minutes, the lady said, "You see, doctor, I was right," and immediately expired. The uterus had relaxed and escaped the grasp of the student, and a terrible hemorrhage was the result. The bed was saturated through and through. Afterward, I learned from the husband that a sister of the patient had died of hemorrhage during childbirth some four months previously, and this it was that so affected her mind that the same result followed.

Some years ago, I confined a lady who had borne many children and who was apt to have post partem hemorrhage if chloroform was used. On the occasion I am about to relate, the labor had been rather easy, and chloroform was not administered. After delivery, the child could not be made to breathe by vigorous slappings or plunges in cold water and was laid away in a blanket, while the time of the nurse and myself was employed in arresting a hemorrhage that set in soon after the delivery of

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the placenta. As there was some nausea with the bright red flow, Ipecac. 200 was administered, and soon controlled what threatened to be an alarming hemorrhage. Some fifteen or twenty minutes afterward a faint cry was heard from the blanket, and the child was found to be alive.

Some years after the big fire of 1871, an Irishman called me up in the middle of the night to attend his wife in confinement. I hesitated about going, and he said he had called upon seventeen doctors, not one of whom would go, and he was afraid his wife would die for the want of a doctor. Pitying the poor man, I went with him, but found on entering the tenement that another doctor was in charge of the case. A policeman, passing that way, and hearing the unearthly yells, had inquired into the cause of the difficulty, and had then hunted up a doctor, a young man fresh from Rush Medical College.

I wanted to go home at once, but the young man urged me to stay, telling me that it was a difficult case, and that he had never, as yet, been present at a confinement case.

Upon a digital examination, I found everything favorable, the os was well dilated, the bag of waters had not been ruptured, and the presentation was left occipito-illiac. She had been in labor four or five hours. The only troublesome symptom was vomiting just after the pains, and unearthly yelling with them. I suggested to the young M. D. that a dose of Ipecac. be given, and I gave a dose of the 200th, which controlled the vomiting.

Up to this time the woman had persisted in drinking cold water every few minutes. I stopped the water, and would not allow her to have it, although she begged for it constantly. Finally, she got angry, and said we would see whether she could have water. She got out of bed to go to the hydrant, and, while we tried to detain her, she succeeded in reaching the sink, and just then the baby dropped to the floor.

DISCUSSION.

Dr. Campbell—Did you prescribe for the anxiety of the woman before confinement?

Dr. Hoyne—I did not; she was a new patient and I thought it was merely a fancy. I should prescribe for it now, but I did not then. There was not a sign of hemorrhage until I let the

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student hold the uterus; it slipped away from him, a terrible gush of blood followed, and she died instantly.

Dr. Hastings—Was she a primipara?

Dr. Hoyne—She was.

Dr. J. H. Allen—These patients are of a tuberculous nature, to my mind, and Phosphorus has been of great service to me in warding off hemorrhage.

DUNHAM MEDICAL COLLEGE OPENS.

ANOTHER ADDED TO THE ALREADY LONG LIST OF SIMILAR INSTITUTIONS IN CHICAGO.

Another college was added to the group surrounding the Cook County Hospital when Dunham Medical College dedicated its new building Nov. 14. It is on Wood between Polk and York streets, immediately opposite the county hospital, and is one of the finest buildings of the many of that class in the neighborhood. Following was the programme rendered Nov. 14:

Music.

Prayer . . . . . Professor W. F. Black, D. D.

Address of welcome . . . . . C. S. Fahnestock, M. D.

Soprano solo—"Bird of the Mountain" . Marguerite Raymond

Violin obligato, Frank F. Winter.

Dedication address . . . . William O. Cheeseman, M. D.

Address by registrar . . . . Howard Crutcher, M. D.

Piano—"Soirees de Vienne" . . . . . Liszt

Miss Emily Parsons.

Vocal . . . . . Selected

Henry Sheffield.

Vocal—"Nymphs and Fauns" . . . . . Bamberg

Mrs. Ada Markland Sheffield.

Violin—a, "Berceuse" . . . . . Simon

b, "Polish Dance" . . . . . Drake

Miss May Hudson.

Vocal—"Toreador Song" . . . . . Carmen

L. Gaston Gottschalk.

Vocal—"This Magic Wove Scarf" . . . . . Barnett

Mr. and Mrs. Sheffield and Mr. Gottschalk.

Accompanist—Mrs. Carrie R. Crane.

Dunham College is of the homœopathic school, and owes its

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existence to a few students of Hahnemann. It was founded less than three months ago, and in that time the new building has been erected, faculty appointed, classes formed and the nuclei of a library and a museum obtained. The building is admirably adapted for a medical college and contains not only lecture and sub-clinic rooms, but a dispensary, laboratories, a large amphitheater and all the improvements science and experience might suggest.—*Chronicle.*

HOW WE INTEND TO CHECK SUBSTITUTION OF DRUGS.

Owing to the fact that substitution of drugs is practiced to a great extent, we earnestly request our readers to assist us in reporting to us all cases in which they may have been the victims of this criminal offense, giving the name and address of imposters, also all particulars to substantiate their statement, such as sworn affidavit, etc.

We will expose in our columns the names of fraudulent dealers, on receipt of satisfactory evidence.

All our readers will admit, that a doctor who prescribes a certain remedy expects that his prescription shall be filled accordingly. A druggist has no right whatever to use his own judgment in the matter, otherwise he places the reputation of the physician as well as the life of his patient in jeopardy.

Feeling that all doctors, honest druggists, and manufacturers of legitimate preparations will be benefited by our action in this matter, we solicit their assistance.

The above notice must be considered as a warning to druggists who believe that that they are at liberty to substitute drugs.

VISITS, 20c; PRESCRIPTIONS, 10c.

A physician, who was until recently connected with an aid association, says that in one year he averaged twenty cents for every visit made and ten cents for every prescription written. He resigned after one year's trial. The doctors complain of hard times. If they could make it unprofessional for a physician to treat members of an aid association for the small

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sum of one dollar per month, they might possibly do more business. These aid societies have sprung into existence in all parts of the city and those men who are rushed to death are frequently, upon investigation, found to be the doctors who work for Chinese prices—twenty cents a visit.

PSORINUM.

In answer to Dr. B. D., we publish the following, which in a hasty hunt was found in the different journals:

Therapeutic Hints.—When the patient is not sensitive and medicines do not act, give Opium; if they are over-excitable and nervous, give Laurocerasus; if emaciated and have a weak pulse, Carbo Veg.; if a psoric diathesis, give Psorinum. (Boenninghausen.)

Psorinum-Cholera Infantum.—Had a case of cholera infantum which seemed to defy every remedy given. The stools were very thin and watery, of dirty greenish color, and smelt like carrion. The child was very fretful, did not sleep for two days and nights.

I gave Psorinum 42 m. Fincke, a few pellets in water with directions to repeat every time the child had a stool. The child went to sleep in two hours after the first dose was given and slept all night, in four days the child was entirely well without the repetition of the dose or any other medicine. (Wm. A. Hawley, M. D., Syracuse, N. Y.)

Psorinum. Eczema.—Miss M. N., aet. twenty, complained of an eruption in the bend of the elbow and also the knee; it was dry and scaly with little pointed vesicles around the reddened edges, and was characterized by an entire disappearance during the summer, but appeared when the cold weather came on again. She complained of violent itching aggravated by the warmth of the bed or scratching. Two doses of Psorinum 42 m., at intervals of six weeks entirely cured the case, and it did not return with the cold weather. (Wm. A. Hawley, M. D., Syracuse, N. Y.)

Psorinum—Headache preceded by dimness of sight, or spots before the eyes. (Haynel, A. J. H. M. M., 4, 136.) Headache and eruptions increase during changeable weather. (Wm. P.

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Wesselhœft, A. J. H. M. M., 4, 58.) Is always very hungry during headaches. (Wm. P. Wesselhœft.)

Stenosis of left osteum venosum.—Man, æt. 80. Purring sound in the region of the apex; lips cyanotic; dyspnœa and shortness of breath when walking in the open air, better when lying down. Psorin. 6, smelling. Relieved at once from dyspnœa; purring noise unaltered. Two months later feet commenced swelling, and he died in hospital a few weeks after. (Landesmann, A. A. Z., 85, 145.)

Pustular keratitis.—J. H., æt. 8. A young girl confined for six years in a darkened room, under allopathic treatment, with no benefit. Lids spasmodically closed; had lachrymation and intense photophobia. Pustular eruption on the face. Both corneæ full of pustules, ulcers and the scars of old ones. Bowels costive, appetite poor. Cured in three weeks by Psorin. 30 and Silic. 30. (W. S. Searle, Am. Obs., December, 1872, p. 571.)

Psorinum.—Miss C., convalescing from a mild typhoid fever. In a week reported "stationary, no appetite." Psor. 4c, produced an immediate change and a ravenous appetite. (Dr. J. B. Bell. Hahn. Mon., vol. 4, p. 398.)

Dr. Williams had used Psorinum from the 3d to 2c. In the debility following acute diseases, the 2c had succeeded better than the low preparations, but in tinea capitis and other eruptions the reverse had been the case. (Hahn. Monthly, vol 4, p. 398.)

Mr. P., age about fifty. Complains of nothing but weakness. Has no appetite, and the least exertion, *e, g.*, walking, puts him into a perspiration. Psor. 40 produced a rapid and perfect cure.

A young man, æt. 21, was obliged one day to run until nearly exhausted. Although strong and well before, he now became weak, perspiring easily, and had severe pains in the right side, aggravated by coughing, laughing and motion. Psor. 40 produced a rapid cure. (Dr. J. B. Bell. Hahn. Monthly, vol. 4, p. 398.)

Psorinum.—Extreme dullness; he fears inflammation of the brain; relieved by nose bleeding. Headache, after darkness before eyes. Black spots before the eyes. (Haynel.) Horribly offensive, nearly painless, almost involuntary, dark and watery

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stool; only in the night, and most towards morning. (H. N. M.)

Hypochondriasis.—Mr. C., 43 years of age, of spare figure, and dark complexion. Says he has been "nervous" about nine months. He was obliged to abandon all business; has latterly taken much quinine and other drugs. Complains of a very disagreeable feeling about the head, and manifests mental depression; thinks he will never recover, and has lost all hope; cannot apply his mind to business; confusion of senses, so that he cannot reckon; has attacks of numbness of the legs and arms, left side worse; worse on going to bed; formication and crawling, with prickling and smarting on the scalp, and some on the extremities; tongue coated white.

After three months' medication he was still stationary, then learned that he sweat very easily on the least exertion, and somewhat at night, with loss of memory. Gave Psorinum 400. Improvement began very soon, and has continued without interruption. He has resumed business. (J. B. Bell, N. E. M. G., v. 6, p. 532.)

Mrs. Dorsche, æt. 47, blue eyes, light complexion, strong, muscular. February 13, 1870. Headache for 20 years; worse the last three or four years; pain begins over left eye, and goes to the right, increasing from hour to hour; then diarrhœa and nausea; finally, bloody vomiting; dizziness, which obliges her to lie down; blur, and blue stars before eyes; veins of temples much distended; the day before the headache has inordinate appetite, and also during the first hours of the pain; headache aggravated and brought on by change of weather, so that, even in the middle of the night, she is awakened by pain, and always knows there has been a change in the weather; soreness of stomach, sensitive to touch and pressure of clothes; catamenia perfectly regular. Psorinum 200, Dunham, two doses in water, morning and evening, a tablespoonful for four days. May 7. Has had no headache; sensitiveness of stomach has nearly left her, and feels no inconvenience from change of weather. (W. P. Wesselhœft, A. J. H. M. M., 3, 113.)

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RECENT DEATHS.

Dr. H. F. Hunt, aged 57, of Camden, N. J., died Oct. 3.

Dr. Mahlon Preston, aged 56, of Norristown, Pa., died Oct. 2.

Prof. Amos R. Thomas, dean of the Hahnemann Medical College of Philadelphia, died October 31 of carcinoma of the base of the bladder. He was born October 3, 1826, hence was 69 years of age. The *Hahnemannian Institute* for November contains a short sketch of his active and useful life.

P. A. Springer, M. D.; of Berne, Ind., who has been visiting friends at Sonnenberg, in the southeastern part of Wayne county, Ohio, was found dead on the public highway Nov. 12. He was lying at the side of his horse and buggy. Springer was returning from a visit to friends in the country. The cause of death is not stated.

Dr. Abbie J. Seymour, of Buffalo, N. Y., Oct. 17 threw herself in front of a West Shore train, near the waterworks station. She had been compelled to use crutches since last spring, when she suffered an accident to the nerves of her hip while attending the Post-Graduate Medical College at Chicago. This affliction had preyed upon her mind until she succumbed to melancholia. She leaves a sister in Chicago, Mrs. Morris Gynne, and a stepmother and another sister in New York. She was born in Batavia, N. Y., forty-two years ago. She was a graduate of the Hahnemann Medical College of Chicago.

After five years of suffering Dr. Julia M. Smith, one of the first practicing women physicians of Chicago, died Nov. 10. A tumor in her throat was the direct cause of her death, and for years she has been unable to speak above a whisper. Dr. Smith was 60 years old and a native of New York state. She taught in the schools in and around Battle Creek for some time, when she moved to Chicago in 1873 with her nephew, J. C. Ford, who was devotedly attached to her. Shortly after her arrival in this city she decided to follow the medical profession. Entering the Hahnemann college, she graduated with the degree of M. D. in two years, finishing a three years' course. She was one of the organizers of the Woman's Medical club and one of

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the main contributors of papers on various medical topics to that society.

BOOKS.

Saunders' American Year-Book of Medicine and Surgery, edited by George M. Gould, A. M., M. D., assisted by eminent American physicians and teachers. W. B. Saunders, publisher, 925 Walnut street, Philadelphia.

It is the special purpose of the editor, whose experience peculiarly qualifies him for the preparation of this work, not only to review the contributions to American journals, but also the methods and discoveries reported in the leading medical journals of Europe, thus enlarging the survey and making the work characteristically international. These reviews will not simply be a series of undigested abstracts indiscriminately run together, nor will they be retrospective of "news" one or two years old, but the treatment presented will be synthetic and dogmatic, and will include only what is new. Moreover, through expert condensation by experienced writers, these discussions will be comprised in a single volume. The work will be replete with original and selected illustrations skilfully reproduced, for the most part, in Mr. Saunders' own studios established for the purpose, thus insuring accuracy in delineation, affording efficient aids to a right comprehension of the text, and adding to the attractiveness of the volume.

An Eclectic Compendium of the Practice of Medicine. By Lyman Watkins, M.D. Cincinnati. John M. Scudder's Sons. 1895.

This is a rather extended synopsis of the practice of medicine from the eclectic standpoint, arranged as is usual with books of this class, by the alphabetical order of diseases, beginning in this case with abortion and ending with variola.

The medicine used is all in the form of the specific medicines of the eclectic school, and includes a wide range of galenical and mineral preparations.

The eclectics are ahead of the old school inasmuch as they profess to treat the symptoms of the patient rather than the disease as a classified pathological entity and also in that they use, for the most part, single, simple, uncompounded drugs.

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These two principles faithfully carried out will put them head and shoulders above the allopaths and will give them a firm foundation for future progress. In the matters of paper and binding the book is a very satisfactory one. J. B. S. K.

The Archives of pediatrics will commence its thirteenth year with the January number, under the business management of E. B. Treat, publisher, of New York, long identified with medical publishing interests. The "Archives" has been for twelve years the only journal in the English language devoted exclusively to "Diseases of Children," and has always maintained a high standard of excellence.

The new management propose several important changes in its make-up; increasing the text fifteen per cent and enlarging its scope in every way. This will give room for the fuller contributions and additional collaborators who have been secured for the various departments, all of which give promise of a more successful era than has been known even in the already brilliant career of the journal.

The editorial management will be in the hands of Floyd M. Crandall, M. D., Adjunct Professor of Pediatrics, New York Polyclinic, and Chairman of Section on Pediatrics, New York Academy of Medicine.

A Case of Hydrosalpinx—Removal of the Right Tube and Ovary without Rupture of the Sac. By Hunter Robb, M.D., Professor of Gynecology, Western Reserve University. Reprint from West. Reserve Med. Journ.

The Missouri Valley Homœopathic Medical Association.—President's Address, Secretary's Report of Proceedings, Constitution and By-Laws and List of Members. Second Annual Session, 1895.

The significance of germs in pulmonary disease, by J. P. Rand, M. D., Worcester, Mass. Reprint from the N. A. Journ. of Homœop.

Surgical Treatment of Laryngeal Tuberculosis, by J. W. Gleitsmann, M. D. Reprinted from the *New York Medical Journal.*

Bulletin No. 2, October, 1895, State of Michigan Dairy and Food Commission.

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CLIPPINGS.

AND NOW IT IS BOILED WATER.—"It is generally believed that the most impure water can be rendered pure by boiling, and that in this we have an absolute safeguard against the dangers of water containing disease germs. Now, while it is true that boiling will kill the germs of disease, yet the fact has been brought to our notice, by so high an authority as Dr. Charles M. Cresson, that, while boiling kills the germs of a particular disease, it yet, in reality, renders the water more impure than it was before, because by the very death of these germs, dead organic matter is allowed to remain in the water, which it pollutes by putrefaction. Hence, while boiling is a most excellent precaution against the occurrence of typhoid fever or similar diseases, when we have occasion to think that the germs of these diseases exist in the water that we drink, yet we must remember that this boiling does not purify the water; it simply removes from it the specific power to produce a specific disease." Next? —*Dos. Med. Rev.*

GOSSIP.

The MEDICAL VISITOR is late this month on account of the index.

Dr. Pierson's journal is now known as the *Hahnemannian Advocate.* It promises to be a worthy successor to the *Advance.*

When Bro. Smith, of the *Current,* has anything to say he goes right at it and does not mind whom he hits. He is always fair minded.

So Minnesota now admits (see Nov. *Current*) that Homœopathy has declined in that State. The MEDICAL VISITOR has been taken to task more than once for asserting the fact. The present medical law is to blame.

At the meeting of the Southern Homœopathic Association on Nov. 13, the following officers were elected: President, S. S. Stearns, Washington, D. C.; first vice president, J. C. Dailey, Fort Smith, Ark.; second vice president, Francis McMillen,

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Clarksville, Tenn.; recording secretary, Charles R. Mayer, New Orleans; corresponding secretary, Lizzie Gray Gutherz, St. Louis; treasurer, A. M. Duffield, Huntsville, Ala.

With the January number the publication of the lists of physicians will be resumed.

Now is the time to renew your subscriptions. Do not overlook this.

The new Dunham College building was dedicated Nov. 14. Perhaps Bro. Gatchell will now state in his gossip that it is not *on paper*, but upon a solid foundation.

Dr. D. W. Battin has removed from Bayfield, Wis., to New Hampton, Iowa.

Hahnemann Medical College sent a delegate to the opening exercises of the Dunham.

CLIPPINGS.

CONSUMPTION.—Every day we hear of bald-headed men selling hair renewers. To-day we hear of a renowned consumption-cure physican dying of consumption. "Physician, heal thyself!" *It can't be done*, and especially so when the treatment is directed to the consumption—to the chest. We are positive that the use of inhalers, insufflators—everything of the sort—beyond the good they do by exercising the lungs, is certainly useless, if not harmful. Madam Rentz said that "The only way to catch a man was to bait your hook with a lovely limb." We say, "*The only way to cure consumption is through the stomach.*" Feed food, and fool with no feeble fad.—*Eclectic. Med. Journ., Cincin., O.*

THREE GOOD HINTS.—If a child has fever of any kind or bowel trouble, always offer it water before giving milk or offering the breast. A child often takes milk which its stomach repels because it is thirsty. If the sick-room is hot the temperature can be lowered several degrees by hanging up sheets which have been wrung out in cold water, and repeating when dry. The mouth and teeth should be washed two or three times daily with salt and water when there is fever, and the lips anointed with vaseline to prevent cracking.—*Fam. Doct.*

HERPES AND DIPHTHERIA.—Cadet de Gassicourt and A. Robin reported cases confirming the opinion expressed by

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Dieulafoy, that herpes and diphtheria may often be confounded, and that bacteriological examination alone will enable a positive diagnosis to be made. As most physicians are not prepared to make such bacteriological examinations, the authors urge the establishment of laboratories for the purpose.—*Univers. Med. Journ.*

How to Induce Sleep.—A very simple method of inducing sleep in cases of persistent insomnia, and one that has succeeded where many drugs have failed, is simply to administer a moderate amount of warm liquid food before the patient goes to bed. This diverts the blood from the brain to the abdominal organs, and takes away the cerebral excitement that precludes sleep.—*Fam. Doct.*

The Power of Potentizations.—Scene—Lecture-room of a homeopathic (*sic!*) college not a thousand miles from Cleveland. Time—Within the last quarter century.

Dramatis Personæ: Dr. A., Professor of Therapeutics.; Dr. B., Physician in charge of Medical Clinic; Students.

Dr. A. (lecturing) "Gentlemen, the case I present this morning is brought in to demonstrate the truth of the fundamental principles of homœopathy.

This man came to me three months since asking me to remove a great quantity of warts from the back of his right hand. Now you of course know that *Thuja Occidentalis* is the remedy *par excellence* for warts, so I prescribed it in 1x potency. At the end of two weeks he had received no benefit and I knew it must be because my potency was too low so I gave him 10x. Still there was no effect in a couple of weeks more, so I felt I must at once use a higher potency. I put him upon 30x strength of *Thuja*, and, gentlemen, I could notice a change at once. In only a few days the warts were nearly gone and have now, as you see, entirely disappeared. Thus gentlemen, is once more conclusively demonstrated the truth of Hahnemann's law that drugs increase in power in direct ratio with their potentization." (Prolonged applause from the students at the unanswerable logic of the demonstration.)

Dr. B. "Professor, your patient has not treated you fairly. About eight weeks ago he came into the dispensary complaining that his warts were no better although he had taken medicine from one of the doctors upstairs for four weeks. So I applied some nitric acid to his warts and burned them off." (More applause. Exit Dr. A.)—*Western Reserve, Med. Journ.*

Pseudo-Chancre: By William S. Gottheil, M. D., read

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before the Section of Dermatology and Syphiligraphy at the meeting of the American Medical Association, Baltimore, May 8, 1895. *New York Medical Journal,* September 28, 1895.

Reinfection syphilitica does occur, but the recorded cases that are entirely trustworthy are very few indeed. Analysis shows that most of the alleged cases are open to grave doubt, and that some of them are manifestly errors of diagnosis.

The following lesions may simulate chancre:

a. Artificial indurations caused by irritants applied to simple lesions.

b. Nodular lymphangites, as occur in gonorrhœa.

c. Scabies, where penile lesions are the rule.

d. Secondary indurations at the site of the initial lesion (Fournier's pseudo-chancre).

e. Secondary syphilitic papules or tubercles situated upon the genitals.

f. Ulcerative gummata of the genitals.

g. Epitheliomata of the genitals.

Two such cases have recently come under the author's observation. In the first one a non-specific sore was irritated with canterisants until it exactly resembled a sclerosis, and was so diagnosticated by competent authorities. Nevertheless it healed up under local treatment alone; and until now, two years after date, no secondary symptoms have appeared.

The other case was one of gumma of the penis in a subject in the tertiary stage of syphilis. The lesion resembled an initial one very closely, and was at first regarded as such; but a close examination showed the presence of evidences of past specific disease, and this was confirmed by the history. The entire lesion melted away under the iodide of potassium.

Conclusions:

1. There is no characteristic sign, and no characteristic combination of signs, that enables us to diagnosticate a chancre from the lesion alone.

2. Only the advent of other syphilitic symptoms enables us to form an opinion as to the presence of systemic infection.

3. Almost all the alleged cases of syphilitic reinfection are of doubtful validity; and most of them are pseudo-chancres belonging to one or other of the above varieties.

INHALING CHLOROFORM.—Dr. A. Guerin, of Paris, says in the *Lancet,* that death from chloroform may be avoided if inhaled exclusively through the mouth. When death occurs from stoppage of the heart, the cardiac muscular fibers cease to contract under the influence of a reflex action exerted by the nasal nerves on the pneumogastric, stimulating the inhibitory

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power of the latter on the heart. He further shows that when a rabbit is subjected to tracheotomy, and then made to inhale chloroform directly through the trachea, the drug has no effect whatever on the heart. On the contrary, when chloroform is held before the nose of the rabbit, the heart immediately stops. The trachea being cut transversely, it is obvious that the chloroform inhaled by the nostrils cannot reach the heart through the bronchi. Dr. Guerin therefore assumes that the anæsthetic agent exerts its injurious action on the movements of the heart through the intervention of the nasal nerves and the cardiac branches of the pneumogastric, the former acting reflexly on the latter.

Dr. Guerin therefore advises that the nose of the patient should be held by the fingers until general anesthesia is produced, when there can no longer be any reflex action of the nasal mucous membranes anæsthetized like the rest of the body. —*General Pract.*

A Forty Thousand Dollar Insult.—Dr. Frank Fleet, of New York, read an article before the County Medical Association on August last, in which he said a great many harsh things about opticians. Now one J. J. Mackeown, an optician, considers himsely insulted, and sues the doctor for $40,000.

Qualifications of a Doctor.—A physician should be well educated. He should have good reasoning powers. He should have keen perceptive faculties. He should be quick-witted, for emergencies. He should have a sympathetic nature and a kind disposition. He should ever be considerate of his patient's welfare, yet aggressive enough to do what he may see demanded. He should have dextrous hands, and a delicate touch.

Dangers of Electrical Lighting.—The numerous deaths among the staff employed in the electrical lighting works has attracted the attention of the Minister of Public Works in Paris, who has asked the Medical Academy to draw up directions concerning the treatment of those injured by contact with the wires, and also concerning the technical precautions to be taken. The medical treatment formulated by the Academy is the same for injury from electrical shock, no matter what is the nature of the current inflicting the injury. But the technical precautions differ according to the nature of the current. If the person injured remains in contact with the electrical conductors, the assistant who extricates the injured must be careful before commencing operations to have dry hands and wear a pair of thick flannel or stuff gloves, and not to take hold of the

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injured person by a region in perspiration. In non-interrupted currents the electrical conducting wires must not be cut. When the wire is cut it must be cut in two places. The medical treatment consists of placing the injured person where there is plenty of air, loosening the clothes, rhythmic traction of the tongue, rubbing the body, etc.—*Fam. Doct.*

THE PUPILS OF ÆSCULAPIUS.—According to an article in a contemporary, the pupils of Æsculapius were required to take the following oath. The words here used are said to be those used by Hippocrates:

"I, Hippocrates, do now promise and protest to the great god Apollo and his two daughters Hygæia and Panadie, and also to all the gods and goddesses, to observe the contents of his oaths or tables wherein the oath is carved, written, or engraved so far as I can possible, and so far as my wit or understanding shall be able to direct me, viz., that in practicing and using my science towards the sick, I shall use only things necessary, so far as I am able, and as my spirit and good understanding shall give unto me, and that I shall cure the sick as speedily as I may without dilating or prolonging the malady, and that I shall not do anything against equitie for hatred, anger, envy, or malice to any person whatsoever. Moreover, that I shall minister no poison, neither counsel nor teach poison, nor the composing thereof to any. Also that I shall not give nor cause to be given nor contend that anything be applied to a woman breeding, to destroy and make her void her fruit. But I shall protest to keep my life and science purely, sincerely, and inviolably, without deceit, fraud, or guile. And that I shall not cut or incise any person having the stone, but shall leave the same to those who are expert in it. And, furthermore, that I shall not enter into the patient's house lest with purpose to heal him, and that I shall patiently sustain the injuries, reproaches, and loathsomeness of sick men, and other base railings, and that I shall eschew, as far as I may, all venerous lasciviousness. Moreover, I protest, be it man, woman, or servant who is my patient, to cure them of all things, that I may see or hear either in mind or manner, and I shall not betray that which should be concealed or hidden, but keep inviolable with science; neither reveal any creature under pain of death. And therefore I beseech our gods that observing this protestation, promise, and vow entirely and inviolably, that all things in my life, in my art, and science, may succeed securely, healthfully, and prosperously to me, and in the end eternal glory. And to him that shall violate, transgress, or become perjured, and that the contrary may

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happen unto him, viz., misery, calamities, and continual maladies."

The writer of the article goes on to say, we have here principles laid down that would do honor to any medical practitioner, and such as show the highly civilized condition and the excellent morals and teaching of the early Greek philosophers and priests.—*Family Doctor.*

A TEST FOR INCIPIENT DIABETES.—Prof. V. Noorden says he has discovered a new means of diagnosing diabetes in its very earliest stage, or even a hereditary tendency thereto. He gives the patient 100 grains of grape-sugar, which, in the normal subject, has no effect, but in the incipient diabetic produces glycosuria. If this prove correct it will be most useful in gaining for the diabetic the earliest possible treatment.—*Medical Record.*

DANGER OF EATING TOO LITTLE.—Dr. Max von Pettenkofer disputes the rule laid down by so many physiologists, that so long as the body is able to perform its functions, even though suffering from hunger, to take more food is superfluous. Bichoff and Voilt fully demonstrated, by their experiments on nutrition, that the result of a nourishment so restricted is an actual state of want, a continued famine, a condition incompatible, in the long run, with the normal conditions of life. The body, says Pettenkofer, has need of a certain well-being—of a small excess of nourishment—in order to preserve its strength and vigor, and what just prevents death from hunger is not sufficient.—*Family Doctor.*

PSORIASIS IN INFANTS.—Rille at the Imperial Medical Society of Vienna presented a thirty-eight day old child affected with psoriasis. The disease had appeared some days after birth and had covered the greater part of the body. It was noted that Kaposi had seen the disease in a child eight months old, Neumann, a case in a child four months, and Hebra had observed two children less than a year old so affected.—*Pediatrics.*

WHEN a passenger pays for his dog to ride by rail, is the dog entitled to occupy a seat in the carriage like a human being? In Belgium a man turned a dog off a seat to sit down himself. The dog's master brought an action against the individual, and the courts have declared that the dog is as much entitled to a seat as his master.

FOR OBESITY.—Take no water or other fluid at any time,

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except one cup of any desired hot drink just before rising from the table. Use no liquids while eating. Avoid sugar, nuts, and pastry. Eat nothing between meals. Confine the diet to lean beef, mutton, chicken, turkey, fish, eggs, oysters, with one slice of stale bread well dipped, the bulk of the meal being of tomatoes, celery, spinach, turnips, cabbage leaf, but not the fleshy midrib, and fresh or dried fruits, cooked without sugar, such as apples, peaches, plums, prunes, prunellas. A little cheese is permissible; coffee, tea, skimmed milk or buttermilk after eating as stated. Exercise should be taken, running being most effectual, before breakfast or before going to bed.—*Fam. Doct.*

LIFE WITHOUT BODILY EXERCISE.—The Rev. William Davies, Rector of Staunton-upon-Wye, and Vicar of All Saints, Hereford, died 1790, aged 105. The life of this gentleman displays one of the most extraordinary instances of departure from all those rules of temperance and exercise which so much influence the lives of the mass of mankind that is probably to be found in the whole records of longevity. During the last thirty-five years of his life he never used any other exercise than that of just slipping his feet, one before the other, from room to room; and they never after that time were raised but to go down or up stairs, a task, however, to which he seldom subjected himself. His breakfast was hearty, consisting of *hot rolls well buttered*, with a plentiful supply of tea or coffee. His dinner was substantial, and frequently consisted of a variety of dishes. At supper he generally ate hot roast meat, and always drank wine, though never to excess. Though nearly blind for a number of years, he was always cheerful in his manners, and entertaining in his conversation, and was much beloved by all who knew him. He had neither gout, stone, paralysis, rheumatism, nor any of those disagreeable infirmities which mostly attend old age; but died peaceably in the full possession of all his faculties, mental and corporeal, save his eyesight. Like most long livers, he was very short of stature.—*Family Doctor.*

ABUSES OF DISPENSARIES AND POLYCLINICS.—At the last meeting of the City and County Medical Society, Dr. C. G. Kuhlman read a carefully prepared and thoughtful paper entitled "Abuses of the Medical Contracts and Dispensaries and Polyclinics." The paper was presented as a resolution; it failed to receive a second and was not discussed by the Society. The subject should have been discussed and very thoroughly discussed. Every member of the Society and every physician in the city knows that Dr. Kuhlman was right. Every medical

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man knows when he signs a contract to visit lodge members or corporation employés for a few cents a visit, or to make a capital operation for $5.00 to $10.00, that he is degrading the profession and doing an injustice to every other practitioner. Every member of a dispensary or polyclinic that is not engaged in teaching fully realizes that the pretended charity is fraud. There are four medical schools in this city, the University, Cooper, Homœopathic and Eclectic, and their dispensaries must have clinical material. These four clinics are amply sufficient to afford relief to all the really poor. In point of fact every one of them would be still more useful to their students if their clinics were larger; and their clinics would be larger if it were not for the unnecessary dispensaries and polyclinics. When a few medical men organize themselves in the name of sweet charity with a dispensary or polyclinic staff, and send their advertisements into the homes where the younger members of the profession are making an honorable living, they know that it is wrong. If the county medical societies persist in refusing to consider this subject the younger members of the profession must organize for their own protection. We hope Dr. Kuhlman will not be discouraged, but will agitate this subject until *it is considered.—Pacific Medical Journal.*

Significance of Vaginal Discharges. — A leucorrhœa inodorous, or of mild odor, persisting during the climacteric, accompanied by increasing hemorrhage, is suspicious, and demands investigation. A leucorrhœa profuse, of peculiarly fetid odor, grumous, excoriating, appearing early or late during the climacteric, with profuse hemorrhage, is reasonable evidence of cancer of the cervix. A leucorrhœa, moderate in amount, ill-smelling (the peculiarly fetid odor of cancer of the cervix being absent), accompanied by hemorrhage, suggests cancer of the corpus uteri. A leucorrhæal discharge with hemorrhage, containing material like the washings of meat, is said to indicate sarcoma. A watery discharge, as a rule, occurring during menstruation, odorless or of little odor, persisting, accompanied by profuse hemorrhage, indicates fibroids; with little or no hemorrhage, polypi. Profuse bloody discharges coming on gradually with declining menstruation, ceasing usually with the menstrual flow, point to fibroids. Persistent profuse discharges of blood occurring spontaneously, arising from sudden exercise or coition, occurring, as a rule, after the menopause, indicate cancer. The early recognition of malignant disease and the possible prevention of that fatal exhaustion which accompanies it by the administration of drugs, and the application of those methods which, in a measure, may be supposed to offset the

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terrific drain on the nervous system, inasmuch as present experience shows that early removal of diseased tissue prolongs life, and the importance of early diagnosis and treatment, can hardly be overestimated.—*Pacific Medical Journal.*

CLEANING RUSTY INSTRUMENTS.—Brodie gives the following as an effective method of cleaning rusty instruments: Fill a suitable vessel with a saturated solution of chloride of tin in distilled water, immerse the rusty instruments and let them remain over night. Rub dry with chamois after rinsing in running water, and they will be of a bright silvery whiteness.—*Journal of the British Dental Association.*

WHEN TO RUPTURE THE AMNIOTIC SAC.—1. In multiparal rupture when os is fully dilated. 2. In primipara, delay unti, the small parts are also dilated. 3. In cases of face and breech presentation, delay in rupturing the sac is best. 4. Where the pelvis is small and the fœtus large, delay rupturing. 5. In premature labor, with dead fœtus, rupture early. 6. Rupture the sac early when the membranes are unusally thick, tough, and unyielding. 7. When speedy delivery is demanded, rupture early and dilate with the fingers. 8. Rupture the sac when an excessive amount of amniotic fluid retards labor. 9. When version is necessary, and can be accomplished by bimanual manipulation, perform this operation before rupturing. 10. Remember that a dry labor is always to be deprecated, hence, do not rupture at all, unless for good reasons and the case demands it.—*General Practitioner.*

VERY CORRECT.—Dr. Goodell says: I dare any political economist to show me one expedient where conception can be avoided. I challenge him to name a single preventive which will not do damage either to good health or good morals. Even natural sterility is a curse. Show me a home without children and ten to one you show me an abode dreary in its loneliness, disturbed by jealousy or estrangement, distasteful from wayward caprice or from unlovable eccentricity.—*Courier-Record of Med.*

THE OPIUM HABIT.—An exchange declares the eastern penitentiary at Philadelphia has completely cured three opium *habitues;* one had used the drug for four, another for thirteen and the third for fifteen years. They had been sentenced to serve various terms and were put in cells and treated the same as the other prisoners. Of course they suffered, or their appetites kicked up a row, but at the expiration of ten days they were all

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right and felt better than they had for years. Our contemporary concludes, therefore, that the way to cure a bad habit is to stop it.—*Med. Age.*

THE VERIEST stickler for the Code, and I claim for it a strict adherence during the third of a century that I have been engaged in regular practice, cannot but admit that since the first promulgation of Hahnemann and the organization of the Eclectic school, the practice has materially improved in regular medicine by substituting for the massive doses formerly used, small and frequently repeated doses, and a more cautious use of curative agents derived from the mineral kingdom. The Sangrado practice, and the reckless use of mercury and other minerals during the first half of this century were not only "run into the ground," but caused many a poor suffering mortal to take a like course. The adoption of the exclusive dogmas of these two schools of Homœopathy and Eclecticism, by men of reasonable intelligence, thorough education and presumable honesty of purpose, evidently caused the leaders of regular medicine to gradually veer round to a more rational procedure than formerly was resorted to, and while regular medicine cannot adopt *in toto* the delusions advocated, it has evidently found some good therein, and from the broad pedestal on which it has been based, has never hesitated to adopt such as have proven worthy.

Having always been willing to give the "Devil his due," it is needless to say that out of the chaff and unsound principles advocated by such dogmatists and exclusivists, it is but proper to recognize the fact that some important truths have been obtained of material value to regular medicine, by a careful winnowing, investigation and observation.—*Editorial South. Pract.*

PAIN REFERRED TO STOMACH.—Two lines which should find a place in the *vade mecum* of every physician are: "The pain of spinal disease is in the stomach," and "the pain of hip disease is in the knee." No prescription for recurring colic should be written unless it is preceded by a careful questioning of the health of the spinal column.—*Ex.*

CASE OF KNOTTED CORD CAUSING DEATH OF FŒTUS.—Being called to a woman not long since, said to be in labor, the first case in my experience of a knotted cord presented itself on delivery of a dead fœtus. The placenta immediately followed the birth of the child. It appears that a month previously, when six-and a half months pregnant, the fœtal movements that had been lively, seemed to grow feeble and soon ceased altogether.

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The woman, before confinement at seven-and-a-half months, stated that it was her belief that the child was dead. Fœtus showed symptoms of having been dead for some time—the tissue being softened and the epidermis peeling off when handled. The cord had shrunk and the knot was drawn tight enough to impede all circulation, while the placenta, left attached to the fœtus, was small, shriveled and softened. I believe this woman appreciated the death of the fœtus when strangulation of cord took place; and changes in her previous good health were said to have then begun to occur. Intra-uterine injections were not used, but prompt advance was made with antiseptic vaginal washings and carefully applied antiseptic napkins to vulva.—*Va. Med. Month.*

How to Avoid Colds.—There is one simple way of avoiding colds—keep your mouth shut while out of doors. The man or woman who comes out of an overheated room, especially late at night, and breathes through the mouth, will either catch a bad cold or irritate the lungs sufficiently to cause annoyance and unpleasantness. If people would just keep their mouths shut and breathe through their noses, this difficulty and danger would be avoided. Chills are often the result of people talking freely while out of doors just after leaving a room full of hot air, and theatre-goers who discuss and laugh over the play on their way home are inviting illness. It is, in fact, during youth that the greater number of mankind contract habits or inflammation which make their whole life a tissue of disorders.—*Fam. Doct.*

Treatment of Nocturnal Incontinence of Urine.—Stumpf (Lancet) thinks the cause of nocturnal incontinence of urine is purely mechanical—namely, the pressure of the abdominal organs, which during sleep often lie above the bladder, so that the contained urine presses on the vesical orifice of the urethra. Stumpf removes this pressure by placing a pillow under the child's pelvis, thus raising it so that it forms an angle of from 130 to 150 degrees with the spinal column, as the latter rests horizontally on the bed. A very low pillow is placed under the head. By this simple plan Stumpf cured 12 cases, including one of a woman aged 34 years; the incontinence ceased the first night it was tried, and although a few relapses occurred, a complete cure was effected in all the cases, so that after six weeks the patients could sleep in the natural position without risk of wetting themselves.—*Charlotte Med. Journ.*

Galactorrhœa.—C. Van Tussenbroek describes a case of galactorrhœa in a primipara (*Nederlandsch Tydsch. v. Verlos. und Gyn.*, Jahr. 5, No. 3) after miscarriage. All therapeutic

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measures proved unavailing, and after five months had elapsed, and the patient had become greatly emaciated, he decided to remove the nipple. Recovery soon followed. From histological examination the author concludes that the affection is only an exaggeration of the normal secretion of milk, neither the secreting epithelium nor the secretion itself showing any pathological changes.—*Univers Med. Jour.*

SUDDEN DEATH AFTER FRACTURE OF THE PATELLA.—Dr. Cerné reports in the *Normandie Médicale* a case in which about twenty-four hours after a *séance* of massage for simple fracture of the knee-cap the patient died quite suddenly. The necropsy revealed as the cause of death an obliteration of the pulmonary artery by large clots detached from the deep femoral vein. Although the long interval between the occurrence of the catastrophe and the final massage would appear to exonerate this form of treatment, it is more than probable that it paved the way for the migration of the clots by breaking them up. It would follow that, whereas massage is indicated very early or very late after the receipt of fracture, it is contra-indicated where, after consolidation, the limb remains œdematous and boggy. Here it is probable that the large veins contain clots which any such manœuvres are liable to displace, to the great danger of the patient. —*Univers Med. Journ.*

TENDON GRAFTING.—A new operation for deformities following infantile paralysis with report of a successful case by Samuel E. Milliken, M. D., New York, Surgeon-in-Chief of the N. Y. Infirmary for Crippled Children; Surgeon to the Infants' and Children's Hospitals

At the meeting of the N. Y. State Medical Association Oct. 15th, 1895 (Med. Rec. Oct. 26,) Dr. Milliken presented a boy 11 years of age upon whom 20 months before he had successfully grafted part of the extensor tendon of the great toe into the tendon of the tibialis anticus muscle, the latter having been paralyzed since the child was 18 months old.

The case which was presented showed the advantages of only taking part of the tendon of a healthy muscle which was made to carry on the function of its paralyzed associate, without in any way interfering with its own work.

The brace which had been worn since 2 years of age was left off, the patient walked without a limp, the talipes valgus was entirely corrected and the boy had become quite an expert on roller skates.

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1	W. P. Gamble d. '87.	Geo. W. Moore d. '92.
2	Joseph Berens b. '13.	Walter Gardner d. '89.
3	Milwaukee test '78.	Ed C. Williams d. '81.
4	J. B. Tubbs, d. '68.	Alumni organized, Hahn. Col. of Phila. '84.
5	Sam'l Lilienthal b. '15.	Dan'l Swan d. '64.
6	Ill. State Hom. Med. So. organized '55.	F. C. Woodbury d. '86.
7	St. Paul Hom. Hosp. damaged by fire '93.	Wm. R. Bartlett d. '79.
8	C. M. Dinsmore d. '90.	Wm. Bayes d. '82.
9	So. Cal. Hom. Med. So. organized '91.	Wm. T. Rees d. '88.
10	Wm. H. Romig d. '84.	Ed. C. Franklin d. '85.
11	A. J. Bellows d. '69.	Chas H. Skiff d. '75.
12	Dr. E. Guernsey attacked by Hom. Med. So. of N.Y. Co.'89.	D. S. Kimball d. '82.
13	Mercy B. Jackson d. '77.	H. T. Appleby d. '88.
14	G. M. Pease d. '91.	C. C. White d. '92.
15	Milton Berry d. '66.	G. D. Crispell d. '80.
16	Seth Pancoast d. '89.	M. J. Hill d. '80.
17	E. A. Farrington d. '85.	A. S. Ball d. '93.
18	Joseph T. Evans d. '81.	J. A. Gwaltney d. '86.
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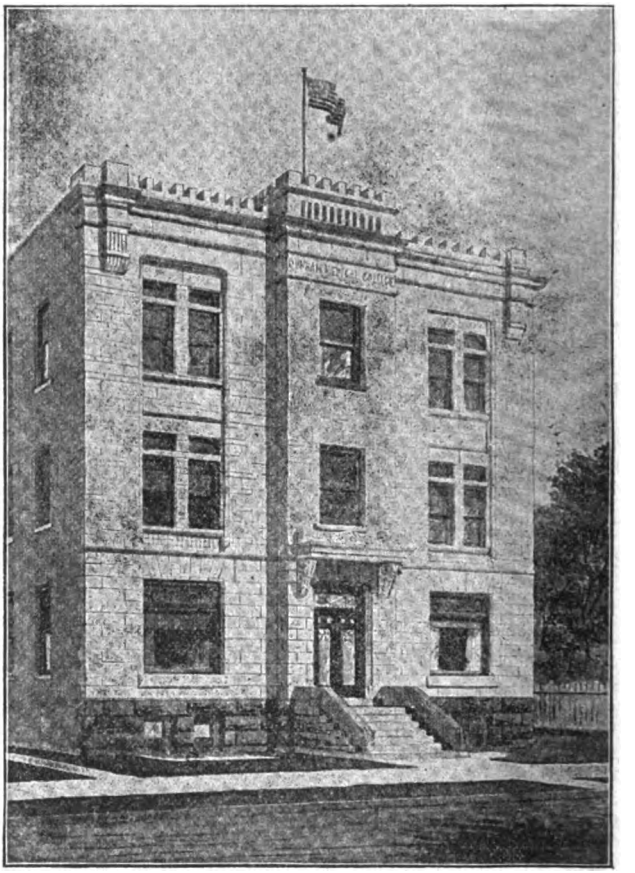

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